

2026

Drug Data
Trends
& National
Benchmarks

April 2026



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Glossary

Biosimilar: Health Canada defines a biosimilar as a biologic drug that is highly similar to a biologic drug that was already authorized for sale. The biosimilar is produced after patent expiry of the reference biologic drug.

Claimant: An insured individual who has submitted a claim for a medication or medical product.

Eligible amount: Dollar amount of the drug cost found eligible for coverage by TELUS Health, before the application of any plan-design parameters for coverage (e.g., coinsurance).

Generic: Bioequivalent copy of a brand-name drug, produced after patent expiry of the brand-name drug.

Insured(s): Abbreviation for “insurance plan member(s),” i.e., employee(s), spouse(s) or dependant(s) with insurance coverage, whether or not a claim was made during the reporting period.

Multi-source brand drug: Brand-name drug for which one or more generic equivalents exist.

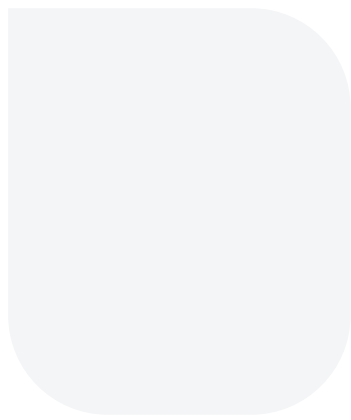
Reference biologic: First-on-market, large-molecule drug that comes from living organisms or from their cells, also referred to as an “originator” or “innovator” biologic.

Single-source brand drug: Brand-name drug for which no generic drug exists.

Specialty drugs: Complex drugs, including biologics, that are higher cost (defined by TELUS Health as costing \$10,000 or more per year per claimant).

Traditional prescription drugs: Chemically based drugs that are typically lower cost.

Utilization: Number of claims paid per insured or certificate, as specified.



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Foreword

Perspectives matter

Perspective is a powerful tool in decision-making. Where some may see the trends captured in the 2026 edition of the TELUS Health Drug Data Trends & National Benchmarks report as cause for concern, others may consider it validation that drug plans are doing their job to support workforce health and productivity.

The right information is critical to help shape perspectives correctly. For example, claims data for the last three years show that more plan members are using their drug plan. Not *many* more, but enough to describe an upward trend. On the other hand, the number of claims per claimant has remained virtually the same. Those two layers of data beg the question: are plan members getting sicker, or are more seeking out a diagnosis and treatment, in which case they are taking better care of their health?

Two other findings rise to the surface for me in this year's report. First, the number of claimants, not the cost per claim, is driving growth in specialty drugs. While these claimants still represent only 2.1% of the total, they have an outsized impact since these drugs account for more than a third of the drug-plan spend.

Second, the weight-management category is knocking on the door of the top 10 categories by eligible amount (ranked 11th by the end of 2025). One wonders if at least part of the overall growth in claimants can be attributed to first-time users who are finally able to successfully manage their obesity before it leads to other conditions such as type 2 diabetes.

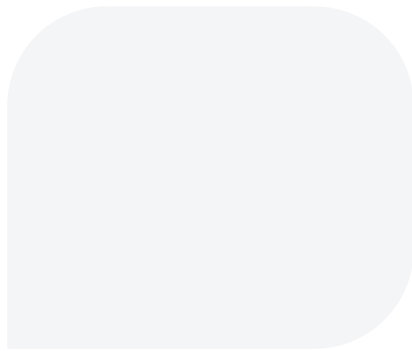
To protect drug plan sustainability, it is increasingly important to take risk management into account. Higher-cost specialty drugs and the new drugs for weight management are key drivers of growth in the drug-plan spend. Yet their cost is not the only factor to be considered; from the perspective of plan members, these drugs help them achieve a quality of life—and levels of productivity—not possible just a few short years ago.

Drug plan management is complex, shaped by multiple perspectives. TELUS Health is proud to support informed decision-making through the supply of information and analysis, working with all industry stakeholders to develop, evaluate and improve upon strategies to maximize the value of drug plans.

Vicky Lee

Director, Pharmacy Consulting & Professional Services,
Payor Solutions, Telus Health





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1. Utilization

Claimants, claims and eligible amounts

Six out of 10 (61.8%) insureds made at least one claim in 2025, somewhat more than in 2024 (60.5%) and three points ahead of 2023 (58.7%) (chart 1). Ten years ago, in 2016, 64.3% of insureds submitted at least one claim.

Claimants in 2025 submitted an average of 12.2 claims each, comparable to 2024 (12.1) and 2023 (12.0) (chart 2). The average eligible amount per claim was \$88.24 in 2025, compared to \$85.47 in 2024 and \$83.51 in 2023 (chart 3). Ten years ago, claimants submitted an average of 9.9 claims, and the average eligible amount per claim was approximately \$70.

Each claimant's average annual eligible amount for all claims was \$1,079.04 in 2025, up from \$1,036.67 in 2024 and \$1,004.55 in 2023 (chart 4). In 2016, the average annual eligible amount was approximately \$689.

The policies of public drug plans are a factor behind regional variation. For example, public plans in all provinces except Quebec either recommend or require that pharmacies refill chronic medications in 60- or 90-day supplies, whereas pharmacies in Quebec typically dispense 30-day supplies for refills. The result is a higher average number of claims per claimant in Quebec (17.5 compared to 10.3 in the remaining regions when Quebec is removed from the national result) and a lower average eligible amount per claim (\$77.43 compared to \$95.04 for the remaining regions).

While the average eligible amount per claim was lowest in Quebec, the greater frequency of claims in that province pushed it ahead of all others in the total average eligible amount per claimant for the year: \$1,355.25, compared to \$1,079.04 nationally and \$976.91 when Quebec is removed from the national result.

In Western Canada, private plans consistently experience the lowest average annual eligible amount per claimant: \$787.41 in 2025, 41.9% less than the highest regional average of \$1,355.25 in Quebec and well below the averages for Ontario (\$1,097.96) and Atlantic Canada (\$1,111.65). The average eligible amount per claim was \$81.34 in Western Canada, compared to \$97.76 in Atlantic Canada and \$104.98 in Ontario.



The lower amounts in Western Canada reflect the impact of the Pharmacare plans in British Columbia and Manitoba and the universal drug plan in Saskatchewan, which automatically become the primary payor once plan members have paid an out-of-pocket deductible.

A closer look at results by growth rates reveals:

- The average annual eligible amount per claimant grew 4.1% in 2025 over 2024, and 3.2% in 2024 over 2023 (chart 5).
- The average eligible amount per claim grew 3.2% in 2025 and 2.4% in 2024 (chart 6).
- The average number of claims per claimant changed very little, inching forward by less than one per cent (0.8%) in both 2025 and 2024 (chart 7).



Growth in eligible amounts significantly outpace growth in utilization because of high-cost drugs' impact on the average price point. That pattern will continue for the foreseeable future, says Vicky Lee, Director, Pharmacy Consulting & Professional Services, Payor Solutions, TELUS Health.

Regionally, Atlantic Canada experienced the highest rate of growth in the average annual eligible amount per claimant at 5.5%, compared to 4.1% nationally and a low of 3.5% in Western Canada. Atlantic Canada also experienced the second highest growth rate in the number of claims per claimant at 2.0%, just behind Western Canada (2.1%) and well ahead of Ontario (0.7%) and Quebec (-0.2%).

“The split between high-cost specialty and traditional drugs is highest in Atlantic Canada, which explains why the region is outpacing national growth in costs,” says Lee (see page 19 for more on specialty drugs). “What’s not so easy to explain is the above-average growth in utilization for two consecutive years. That’s worth a closer look.”

In comparison, while Quebec has seen the highest increases in the average eligible amount per claim—4.2% in 2025 and 3.9% in 2024, versus national increases of 3.2% and 2.4%, respectively—those increases are partially offset by virtually no change in the number of claims per claimant (-0.2% in 2025 and 0.3% in 2024).



“The specialty split is growing in Quebec, but the stable utilization rate helps the region stay close to the national average in terms of growth in costs,” remarks Lee.

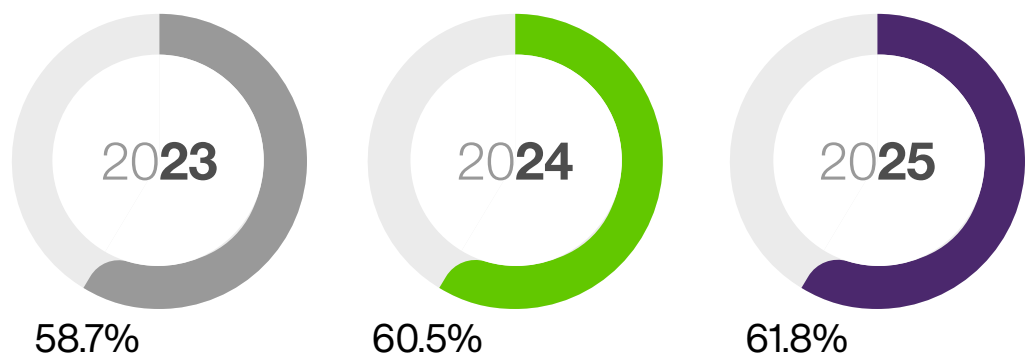
Results for Western Canada again illustrate the impact of the universal drug plans in B.C., Saskatchewan and Manitoba, which automatically become the primary payor once plan members have paid an out-of-pocket deductible. As a result, the growth rates in the average annual eligible amount per claimant and the average eligible amount per claim in those provinces are consistently the lowest in Canada.

On the other hand, private drug plans in Western Canada experienced the biggest increase in the average annual number of claims per claimant in 2025 at 2.1%, more than double the national average (0.8%). The result for 2024 was also well ahead of the national average (1.5% versus 0.8%).

Meanwhile, Canada’s largest province largely mirrored national growth rates on all three of the measures of average annual eligible amounts per claimant (4.1% both in Ontario and nationally), average eligible amount per claim (3.4% in Ontario, 3.2% nationally) and average number of claims per claimant (0.7% in Ontario, 0.8% nationally).

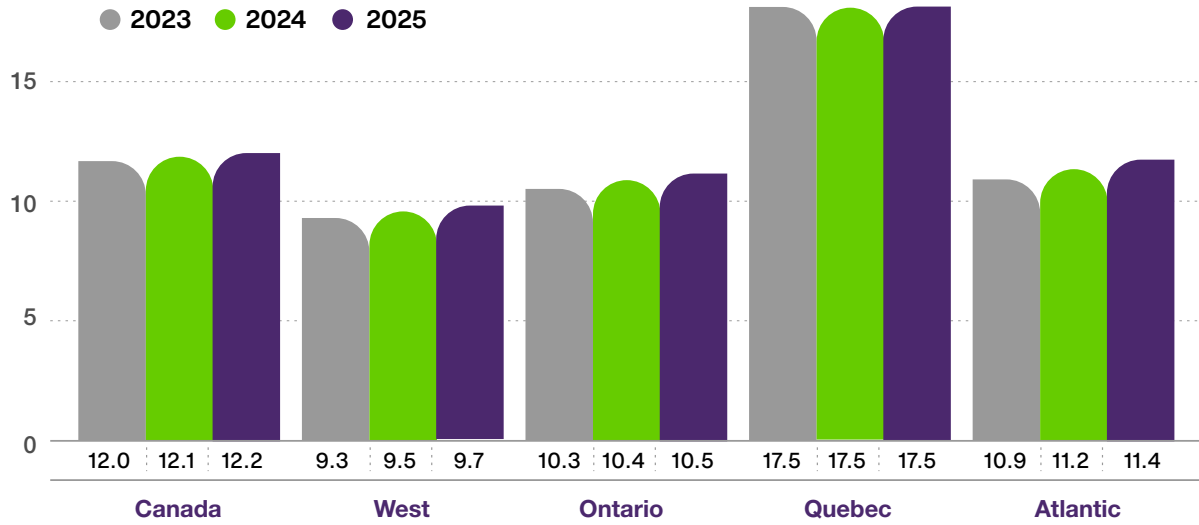
Chart 8 presents a national and regional overview of the utilization of private drug plans in 2025. Chart 9 compares national utilization data in 2016 and 2025.

CHART 1 | Insureds who made a claim, 2023 – 2025



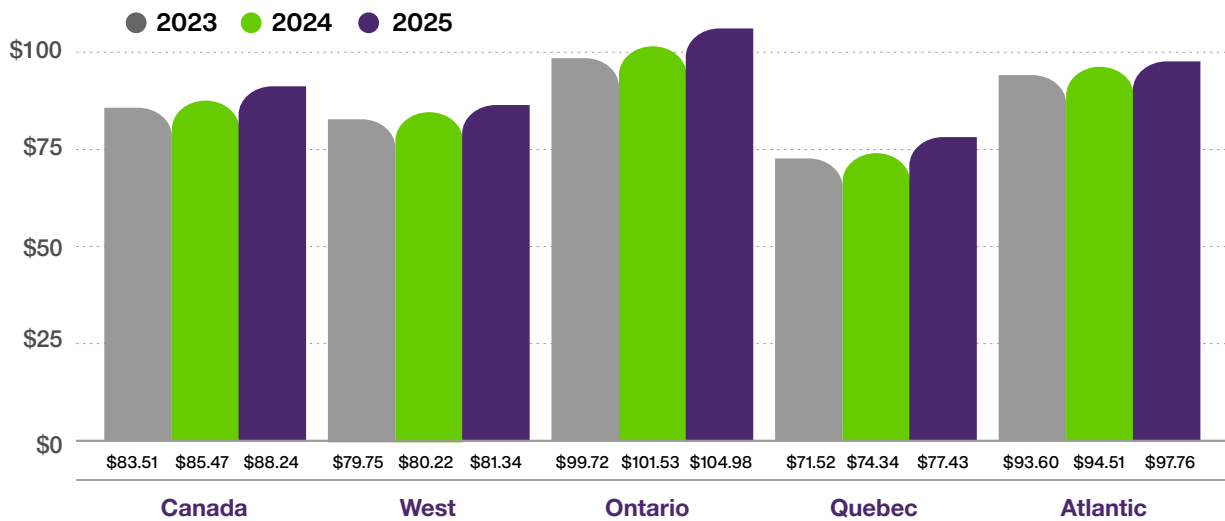
Source: TELUS Health claims database

CHART 2 | Average annual number of claims per claimant nationally and by region, 2023 – 2025



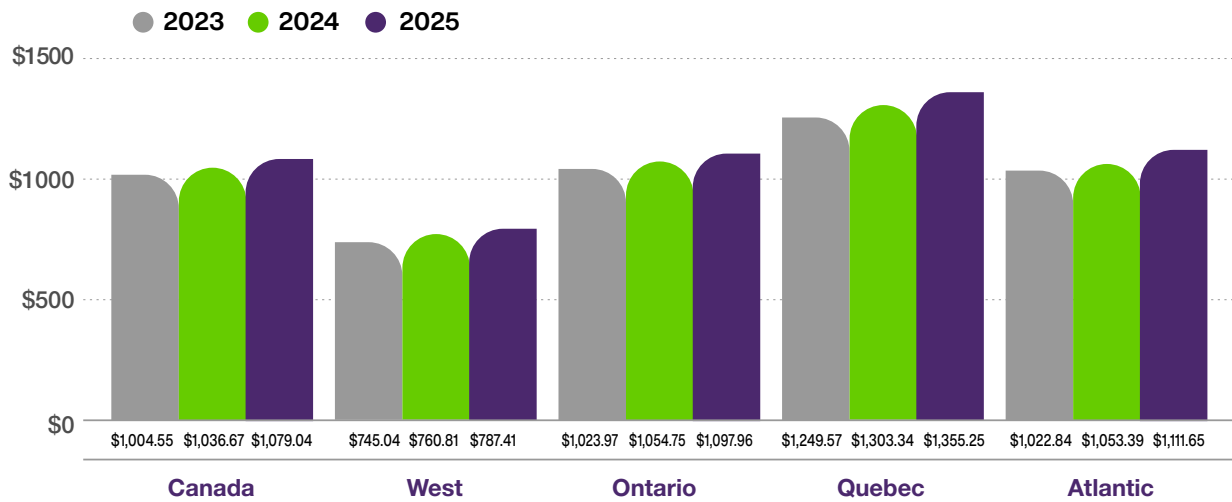
Source: TELUS Health claims database

CHART 3 | Average eligible amount per claim nationally and by region, 2023 – 2025



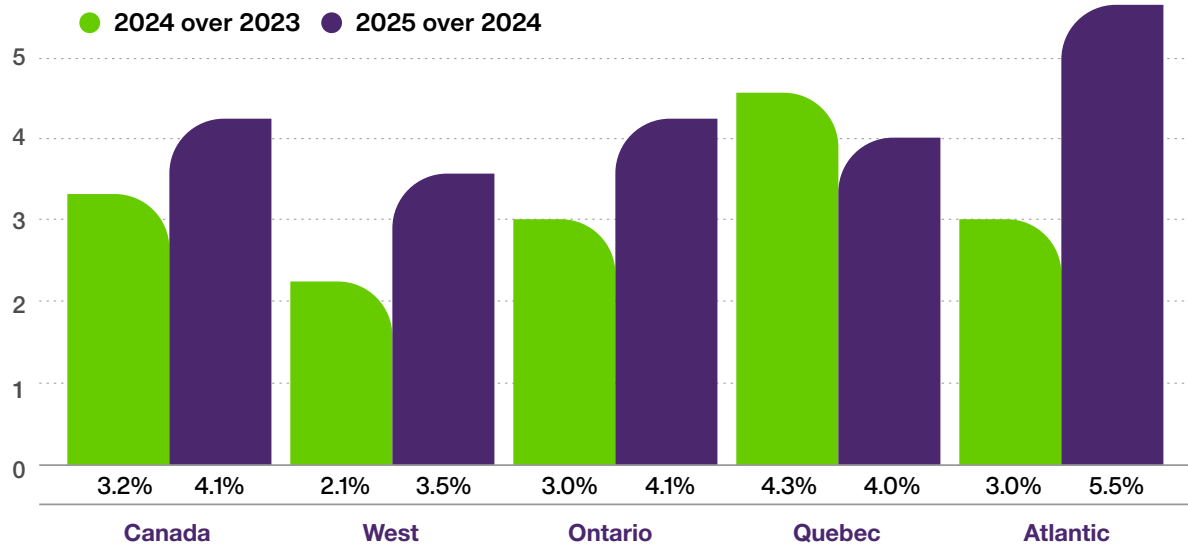
Source: TELUS Health claims database

CHART 4 | Average annual eligible amount per claimant nationally and by region, 2023 – 2025



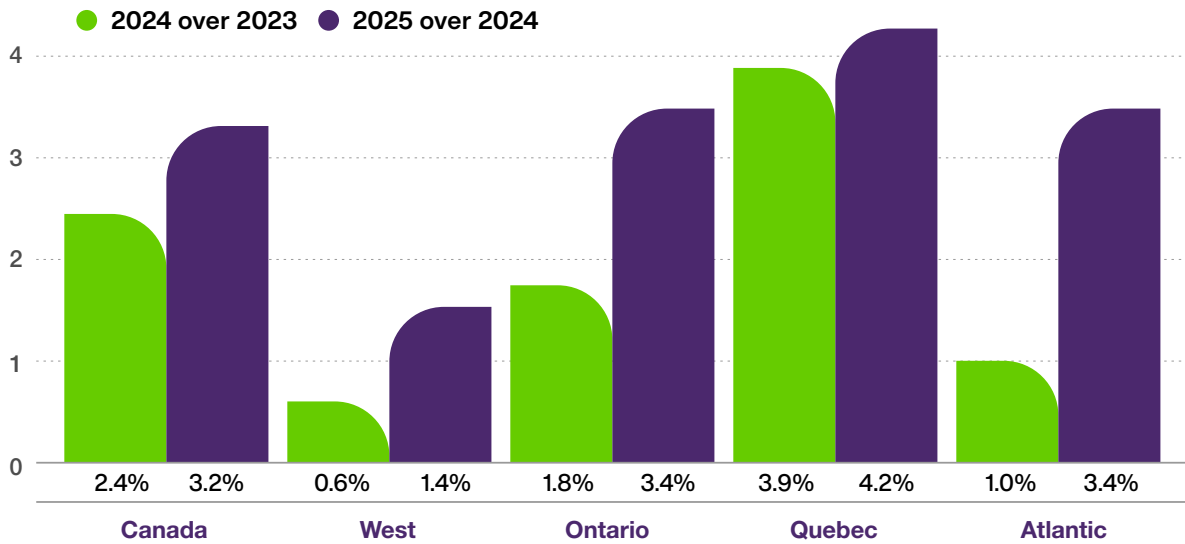
Source: TELUS Health claims database

CHART 5 | Year-over-year changes in average annual eligible amount per claimant nationally and by region, 2024 and 2025



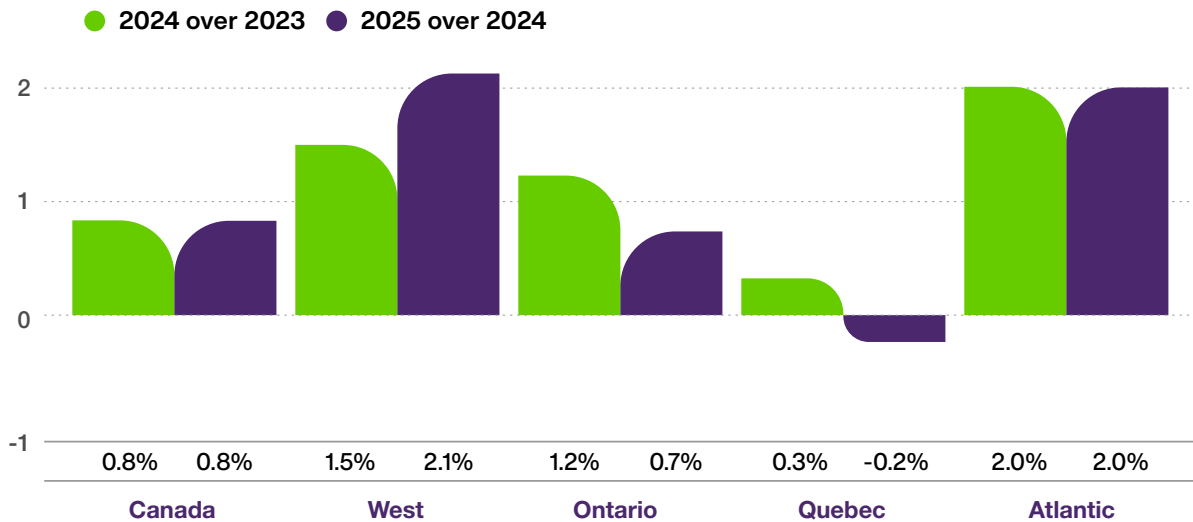
Source: TELUS Health claims database

CHART 6 | Year-over-year changes in average eligible amount per claim nationally and by region, 2024 and 2025



Source: TELUS Health claims database

CHART 7 | Year-over-year changes in average annual number of claims per claimant nationally and by region, 2024 and 2025



Source: TELUS Health claims database

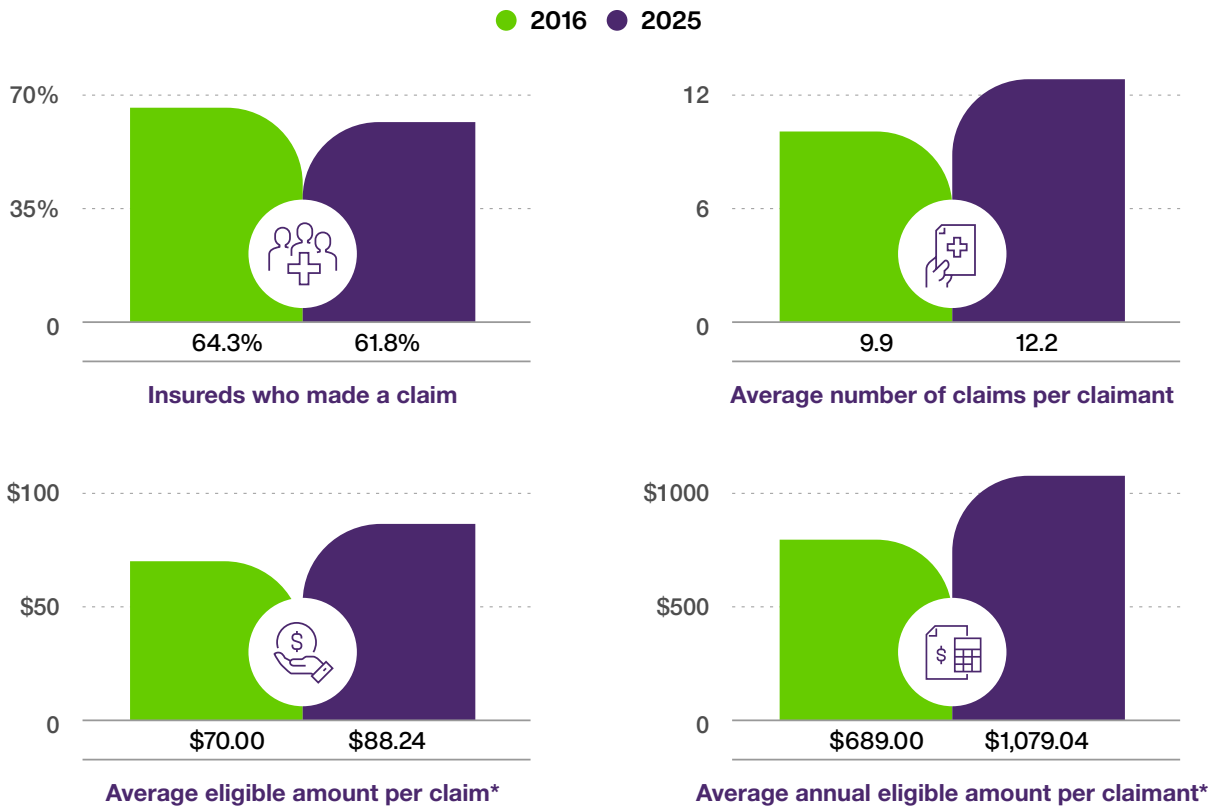
CHART 8 | Overview of utilization nationally and by region, 2025

| | Canada | West | Ontario | Quebec | Atlantic |
|--|------------|-----------------------|------------|----------------------|------------|
| Average number of claims per claimant | 12.2 | 9.7 | 10.5 | 17.5 ¹ | 11.4 |
| Average eligible amount per claim | \$88.24 | \$81.34 | \$104.98 | \$77.43 ¹ | \$97.76 |
| Average annual eligible amount per certificate | \$1,079.04 | \$787.41 ² | \$1,097.96 | \$1,355.25 | \$1,111.65 |

- 1 Quebec has the highest number of claims per claimant and the lowest average eligible amount per claim because Quebec pharmacies typically dispense chronic medications in 30-day supplies, whereas pharmacies in other provinces typically dispense 60- or 90-day supplies.
- 2 Western Canada has the lowest average annual eligible amount per claimant and per certificate because the Pharmacare/ universal drug plans in British Columbia, Manitoba and Saskatchewan automatically become the primary payor once plan members have paid an out-of-pocket deductible.

Source: TELUS Health claims database

CHART 9 | Overview of utilization nationally, 2016 versus 2025



*Approximate in 2016
Source: TELUS Health claims database

Utilization by age group

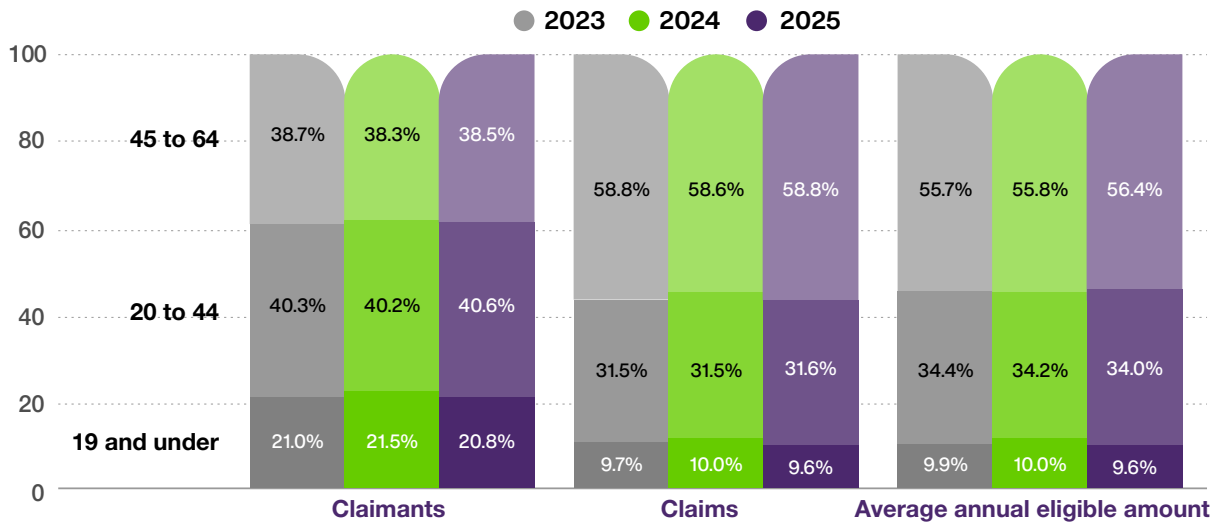
Claimants aged 45 to 64 accounted for 38.5% of all claimants in 2025—but 58.8% of all claims. As a result, their share of the average annual eligible amount was also disproportionately high at 56.4% (chart 10).

The breakdowns in claimants, claims and eligible amount by age group have been consistent for the past three years. In 2025, 40.6% of claimants were aged 20 to 44, outnumbering those aged 19 and under (20.8%) and those aged 45 to 64 (38.5%), yet they accounted for approximately one-third of claims and the annual eligible amount. As expected, claimants aged 19 and under have the lowest impact on drug plans, accounting for 20.8% of claimants, 9.6% of claims and 9.6% of the annual eligible amount in 2025.

The average annual eligible amount per claimant for those aged 19 and under was \$489.25 in 2025, less than a third of the amount for those aged 45 to 64 (\$1,553.77) (chart 11). Claimants aged 20 to 44 recorded an average annual eligible amount of \$887.03.

The oldest age group posted the highest growth rate in average annual eligible amount per claimant for the second year in a row (4.5% in 2025 and 4.4% in 2024) (chart 12). The youngest age group saw higher growth in 2025 (2.9%) compared to 2024 (1.6%), while growth declined slightly for remaining claimants aged 20 to 44 (2.2% in 2025 compared to 2.8% in 2024).

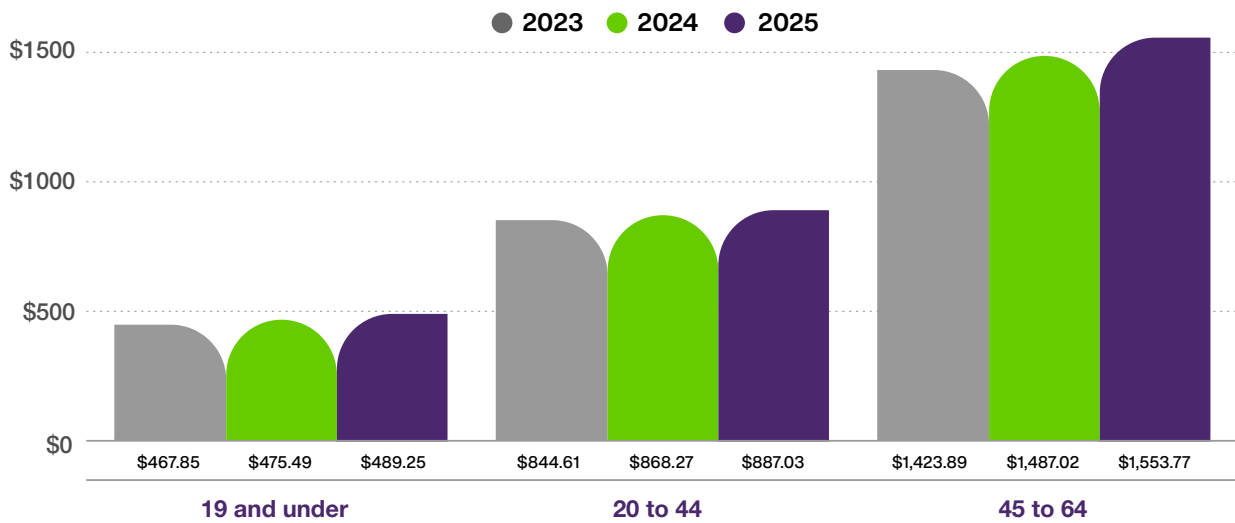
CHART 10 | Share of claimants, claims and eligible amount by age group, 2023 – 2025



Percentages may not add up to 100 due to rounding.

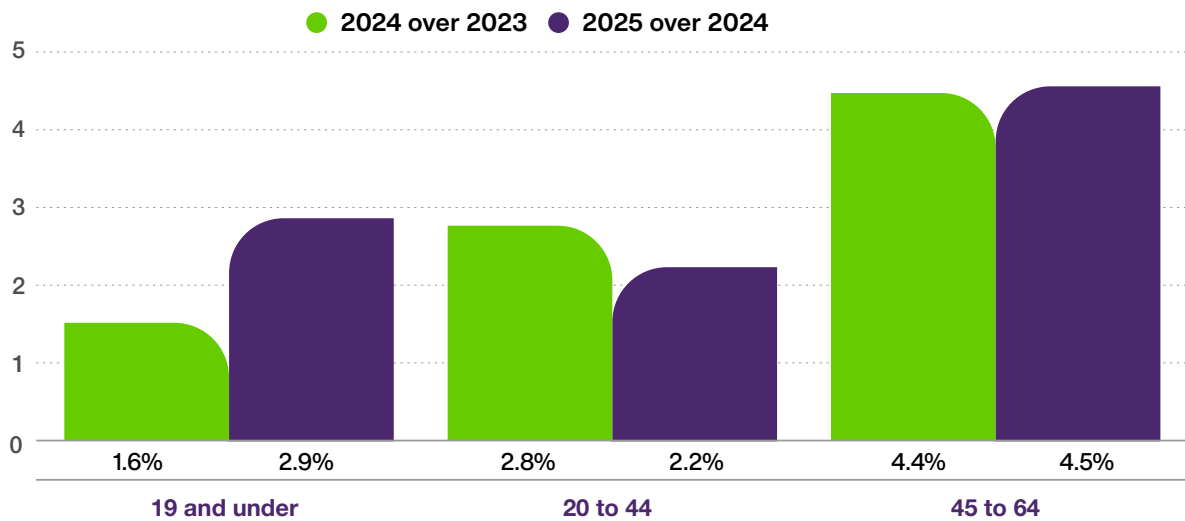
Source: TELUS Health claims database

CHART 11 | Average annual eligible amount per claimant by age group, 2023 – 2025



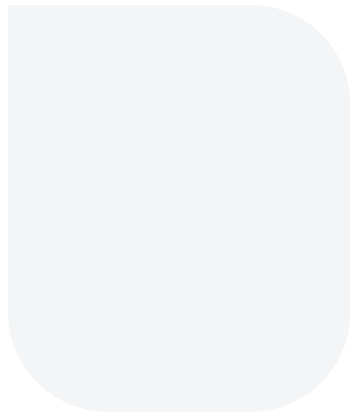
Source: TELUS Health claims database

CHART 12 | Year-over-year changes in average annual eligible amount per claimant by age group, 2024 and 2025



Source: TELUS Health claims database

2. Generic drugs



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“It’s not easy for generics to grow their share of the spend since they’re priced so much lower and they’re competing against the impact of high-cost brand specialty drugs, notes Lee.

Generic versions of brand-name drugs captured 70.8% of all claims submitted to private drug plans in 2025, up from 68.8% in 2024 and 67.5% in 2023 (chart 13). Ten years ago, in 2016, generics accounted for 62.4% of all claims.

The remaining 29.2% of claims belonged to brand-name drugs, broken down as follows: 20.9% were for single-source brand-name drugs, meaning no generic versions were available; and 8.4% were for multi-source brand-name drugs, for which generics were available (note: percentages do not add up to 100 due to rounding). The result for multi-source drugs is higher than in 2024 (7.3%) and in 2023 (6.6%). Ten years ago, in 2016, multi-source brand-name drugs accounted for 7.7% and single-source brand-name drugs accounted for 29.9% of prescription claims.

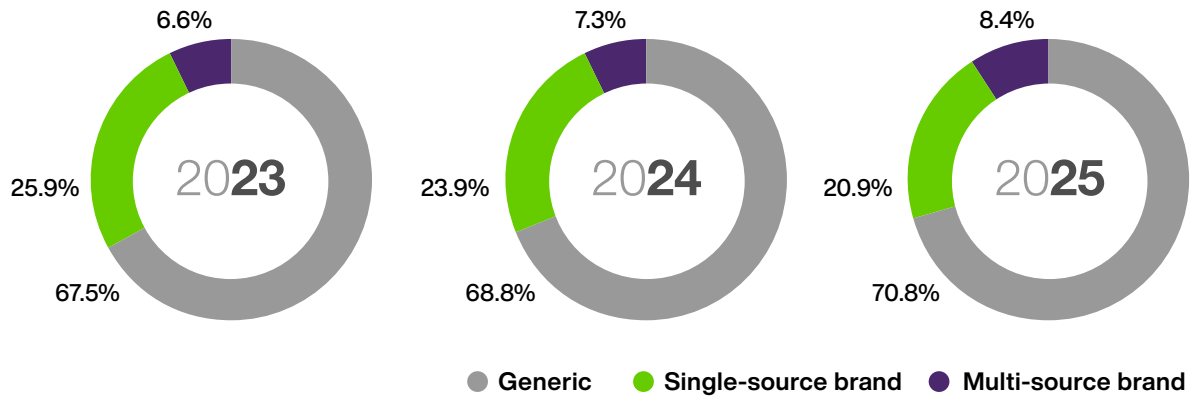
Generic pricing policies that direct pharmacists to automatically dispense a generic rather than a brand-name drug is a go-to cost-management strategy for both public and private drug plans, with minimal disruption for plan members. Last year’s result of 70.8% is the highest ever reported, which is good news on the savings front—especially since the pan-Canadian Pharmaceutical Alliance’s Tiered Pricing Framework dictates that the prices of high-volume generics be as low as 25% or even 10% of the brand-name drug.

However, the growth in claims for multi-source brand-name drugs appears counterintuitive and raises questions: Are savings being left on the table? Are more plan members opting to pay the difference between their plan’s coverage of the generic and the cost of the brand-name, in order to receive the brand-name drug?

Regionally, Atlantic Canada may be regarded as a model for the rest of Canada. Generic penetration is the highest there, at 76.5% in 2025 compared to 70.8% nationally (chart 14). Meanwhile, multi-source brand-name drugs represented 5.7% of all dispensed prescriptions in that region, compared to 8.4% nationally and a high of 9.3% in Quebec.

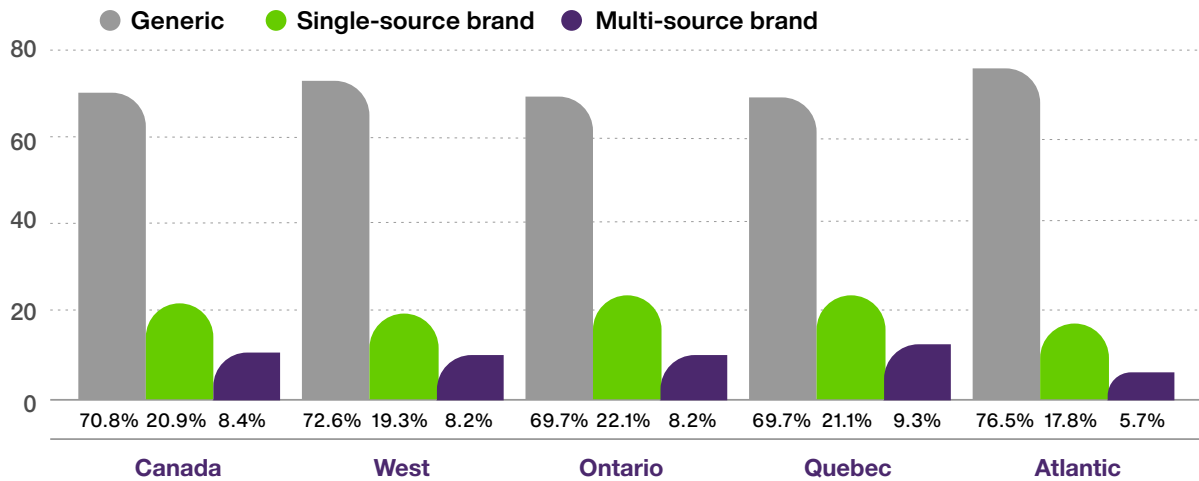
Given the much lower prices of generics, the breakdown between brand-name and generic drugs flips when considered by eligible amount. Generics accounted for 27.5% of the eligible amount in 2025, up from 26.8% in both 2024 and 2023. Single-source brand-name drugs accounted for 65.6% and multi-source, 6.8% (chart 15).

CHART 13 | Share of claims by type of drug, 2023 – 2025



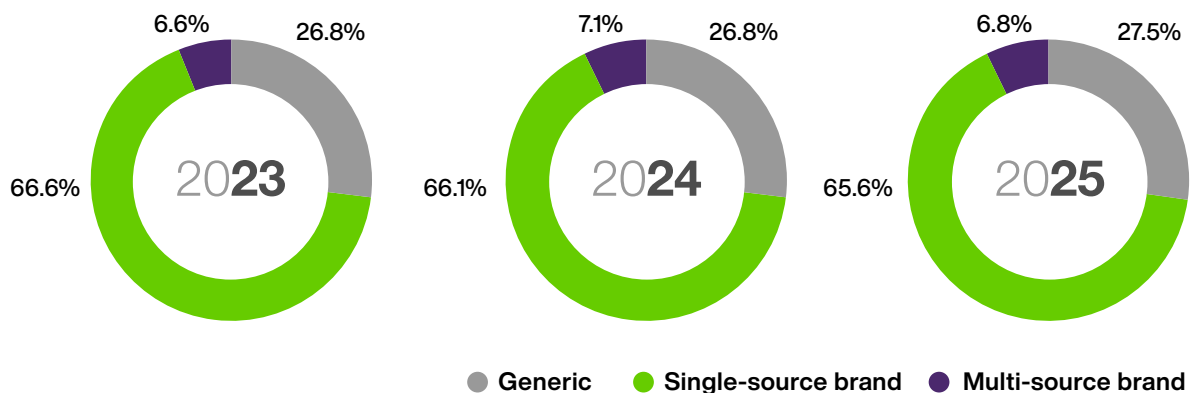
Percentages may not add up to 100 due to rounding.
Source: TELUS Health claims database

CHART 14 | Share of claims by type of drug by region, 2025



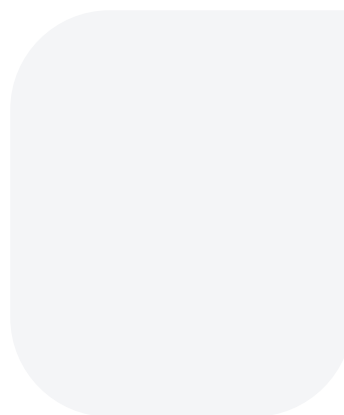
Percentages may not add up to 100 due to rounding.
Source: TELUS Health claims database

CHART 15 | Share of eligible amount by type of drug, 2023 – 2025



Percentages may not add up to 100 due to rounding.
Source: TELUS Health claims database

3. Specialty drugs



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Share of claimants and eligible amount

High-cost specialty drugs' share of the total eligible amount appears to be firmly back in expansion mode after a brief reprieve brought on by the emergence of biosimilar switching policies (which require plan members to switch from an originator biologic to one of its biosimilars for coverage to continue).

Specialty drugs' share of the total eligible amount grew to 33.9% in 2025, up from 32.7% in 2024 and 31.2% in 2023 (chart 16). This followed two years of no growth in 2022 and 2023, as drug plans (led by public payors) rolled out their switching policies. Specialty drugs' share of claimants also steadily inched forward, to 2.1% in 2025 compared to 1.9% in 2024 and 1.8% in 2023.

“ Private plans continue to benefit from the lower prices of biosimilars, but the savings are now more than offset by both the growing number of new specialty drugs and higher utilization overall, says Lee.

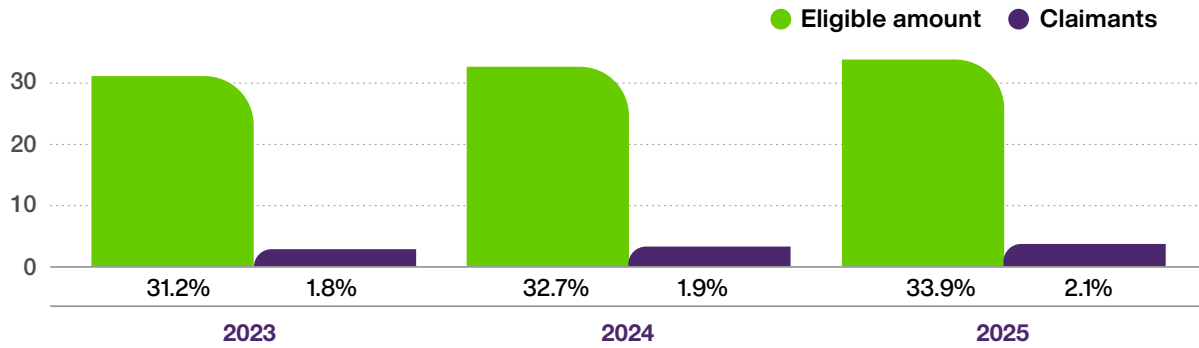
While 2.1% of all claimants may seem like a small number, it is double what it was 10 years ago. And the growing number of claimants appears to be what's driving the growth in eligible amount, considering that the average annual eligible amount per claimant for specialty drugs was actually slightly lower in 2025, at \$17,142.46, compared to \$17,484.62 in 2024.

Regionally, private plans in Atlantic Canada continued to report the highest share of eligible amount for specialty drugs (38.5%), followed closely by Quebec (37.7%) (chart 17). Ontario (34.0%) was on par with the national average (33.9%) while Western Canada (26.7%) was well below it, the latter result again a reflection of the mitigating effect of public drug plans in British Columbia, Saskatchewan and Manitoba (see page 8 for details).

On the other hand, Western Canada's share for specialty drugs experienced the highest rates of growth in 2025 (3.9% compared to 3.7% nationally) and 2024 (8.4% compared to 4.8%) (chart 18). Quebec reported the lowest rate of growth at 2.8%, compared to 4.7% in 2024. Growth was consistent in Atlantic Canada (3.7% in 2025 and 3.5% in 2024) and somewhat slower in Ontario (3.1% in 2025 compared to 4.0% in 2024).

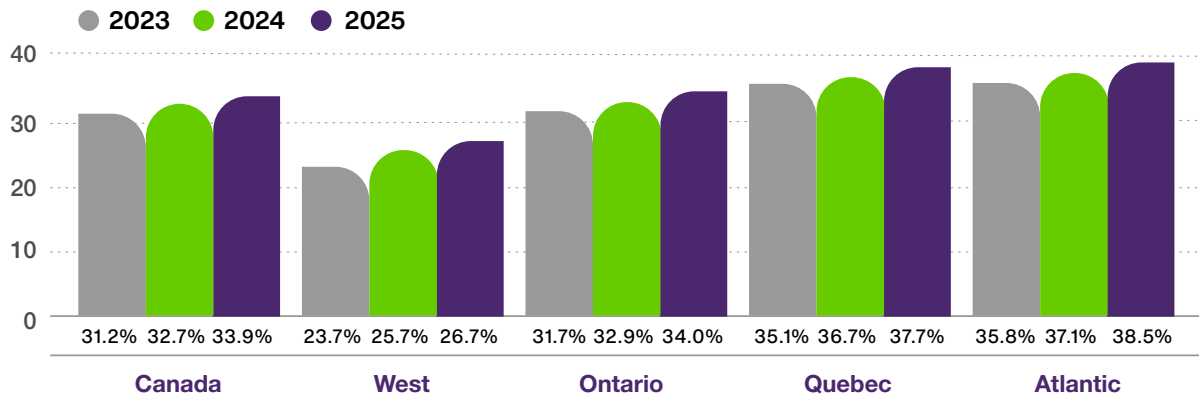


CHART 16 | Specialty drugs' share of eligible amount and claimants, 2023 – 2025



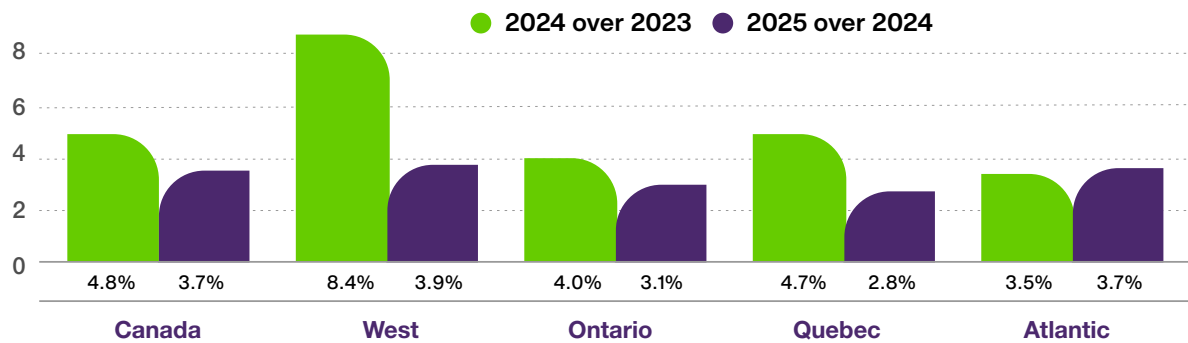
Source: TELUS Health claims database

CHART 17 | Specialty drugs' share of eligible amount by region, 2023 – 2025



Source: TELUS Health claims database

CHART 18 | Year-over-year changes in specialty drugs' share of eligible amount nationally and by region, 2024 and 2025



Source: TELUS Health claims database

Biosimilar biologics

Biosimilars steadily stake an ever-larger claim in the biologics space, spurred by switching policies that move coverage from reference biologics to lower-cost biosimilars.

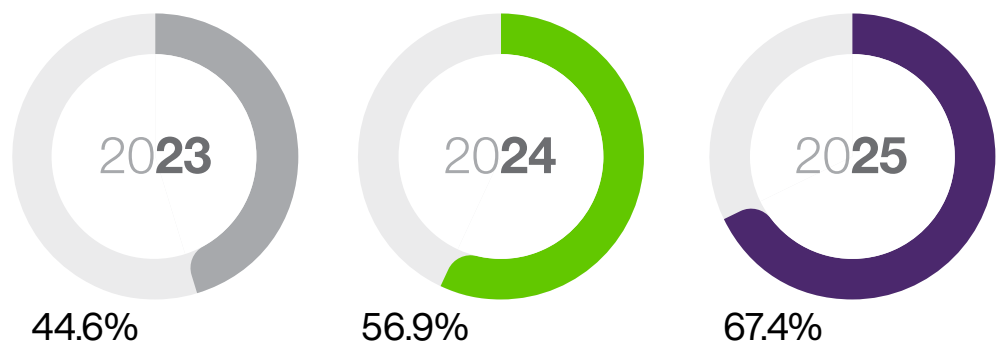
This report captures claimants' use of reference or biosimilar biologics for 18 reference biologics for which biosimilars are available. In 2025, 67.4% of these claimants used a biosimilar rather than the reference biologic, up from 56.9% in 2024 and 44.6% in 2023 (chart 19).

The highest rates of biosimilar penetration in 2025, by number of claimants, were for the following drugs:

- trastuzumab (100%, reference biologic brand name Herceptin) for cancer;
- pegfilgrastim (100%, Neulasta) and filgrastim (97.6%, Neupogen) for low white-blood-cell counts (e.g., following chemotherapy);
- ranibizumab (98.6%, Lucentis) for macular degeneration;
- rituximab (97.8%, Rituxan), etanercept (90.3%, Enbrel) and adalimumab (87.8%, Humira) for autoimmune diseases such as rheumatoid arthritis;
- teriparatide (95.8%, Forteo) for osteoporosis; and
- insulin glargine (82.8%, Lantus) for type 1 and type 2 diabetes.

On an historic note, Canada's top three drugs by share of eligible amount in 2016 were the reference biologics of Remicade (infliximab), Humira (adalimumab) and Enbrel (etanercept), all for the treatment of autoimmune diseases. Biosimilars for infliximab were the first to become available, starting in 2014. While almost all claimants taking adalimumab or etanercept are now taking a lower-cost biosimilar, as noted here, the claimant count for infliximab biosimilars has grown at a much slower rate, reaching 71.7% in 2025.

CHART 19 | Share of claimants taking a biosimilar biologic, 2023 – 2025*



*Of claimants taking one of the 18 biologic drugs tracked by TELUS Health with biosimilar options.
Source: TELUS Health claims database



Ultra-high-cost drugs

Ultra-high-cost drugs accounted for 5.2% of the total eligible amount in 2025, compared to 5.0% in 2024 and 4.9% in 2023. For all three years, a relative handful of claimants—only 0.03% of the total in each of 2024 and 2025, and 0.02% in 2023—required these complex therapies for rare diseases (chart 20).

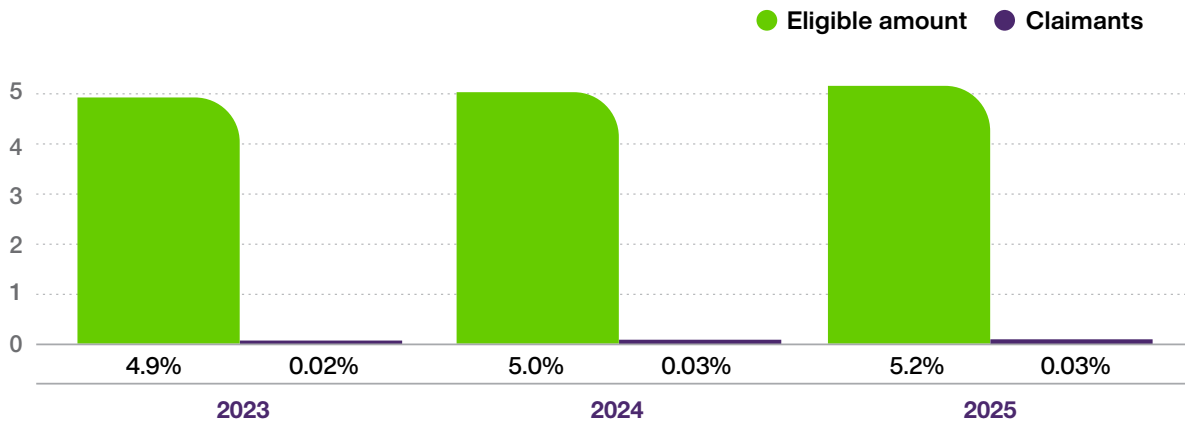
TELUS Health classifies ultra-high-cost drugs as medications with an estimated annual treatment cost of at least \$100,000. In 2025, the average annual eligible amount per claimant was \$190,446.32.

Trikafta (elexacaftor, tezacaftor and ivacaftor) for cystic fibrosis remained the number-one ultra-high-cost drug, representing 47.7% of the eligible amount for all ultra-high-cost drugs in 2025. Second-ranked Ultomiris (ravulizumab), for rare blood disorders and neuromuscular diseases, accounted for 7.6%. The annual treatment cost is approximately \$300,000 for Trikafta and up to \$600,000 for Ultomiris.

The eligible amount for all ultra-high-cost drugs climbed 6.1% in 2025 and 9.4% in 2024 (chart 21). Most of that growth came from a growing claimant count. Although these drugs accounted for an extremely small share of all claimants (0.03% in both 2024 and 2025), the actual number of claimants increased by double digits in 2025 (12.2%) and 2024 (11.5%). Meanwhile, the average annual eligible amount per claimant declined, by 1.9% in 2024 and 5.4% in 2025.

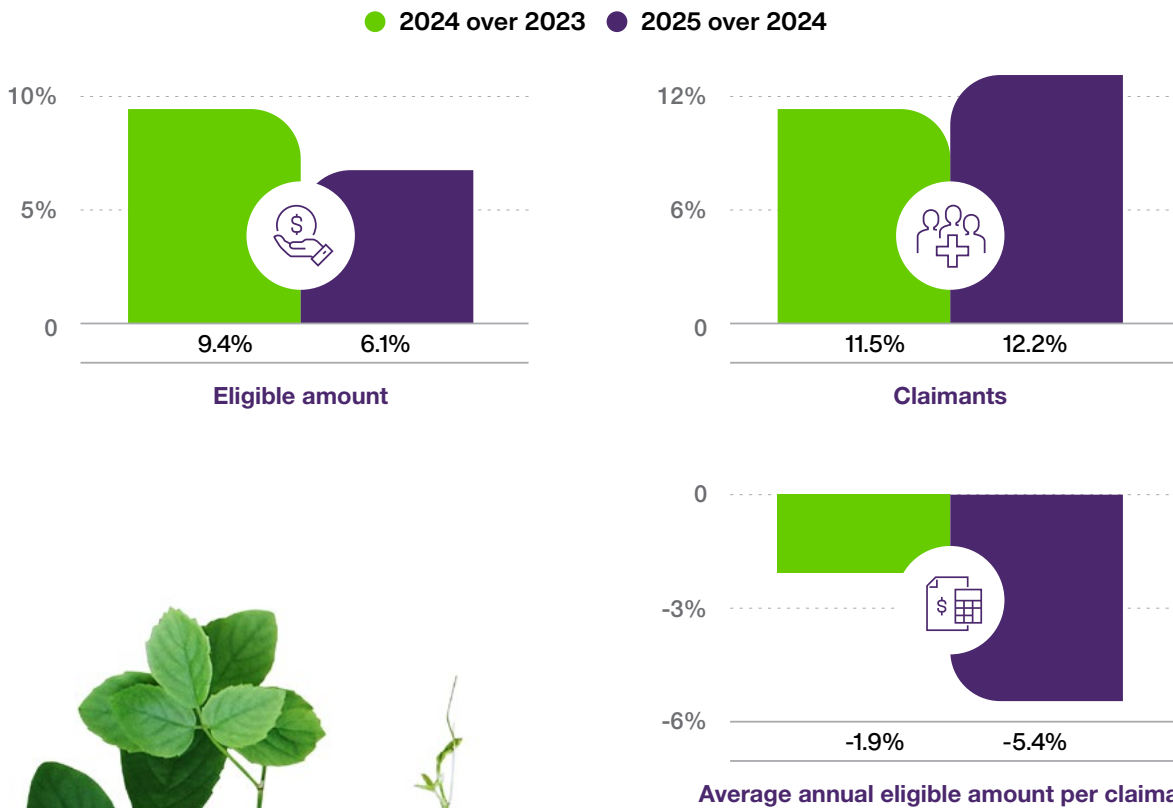
“ Predictions for the ultra-high-cost category are very difficult to make since one claim can dramatically shift the landscape—and be possibly catastrophic for the drug plan, says Lee.

CHART 20 | Ultra-high-cost drugs' share of eligible amount and claimants, 2023 – 2025



Source: TELUS Health claims database

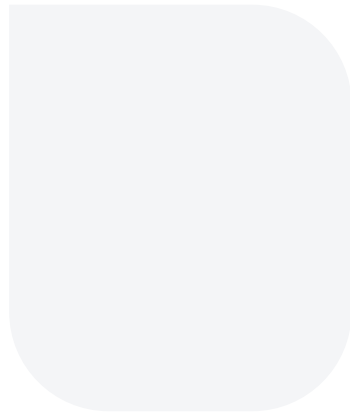
CHART 21 | Year-over-year changes for ultra-high-cost drugs, 2024 and 2025



Source: TELUS Health claims database



4. Drugs by therapeutic class



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Top 10 categories by eligible amount

The major headlines from 2025's top-10 list of drug categories by eligible amount are:

- Diabetes solidified its number-one ranking;
- Skin disorders leapfrogged over inflammatory diseases to become the second largest drug category; and
- Attention deficit hyperactivity disorder (ADHD) dropped two levels to sixth position.

Diabetes (including devices) has topped the list since 2022, when the category ended the long reign of inflammatory diseases. Diabetes' share of the eligible amount reached a high of 15.7% in 2023 due in part to the growing use of Ozempic (active ingredient: semaglutide) and Mounjaro (tirzepatide). The introduction of measures to protect against diabetes medications being used for weight management, combined with the May 2024 launch of Wegovy (semaglutide), Ozempic's dedicated weight-management formulation, caused the diabetes category's share of the eligible amount to decline to 13.8% in 2024. Its share declined a bit further in 2025, to 13.2%.

"The expected commercialization of generic semaglutide in 2026 may further reduce the eligible cost share, unless patients are transitioned to Mounjaro or another new GLP-1 [glucagon-like peptide 1] brand-name product," says Caroline Le Pottier, Consulting Pharmacist, TELUS Health.

The diabetes category also accounted for 7.6% of total claims in 2025, the second-highest share among the top 10 categories, after drugs for depression (10.8%). The growing prevalence of type 2 diabetes and the effectiveness of the higher-cost therapies ensure the category will remain among the top three categories for private drug plans for at least the next several years (see page 31 for more details).

That said, the federal government's new pharmacare program may whittle down the size of the diabetes category's slice of the spending pie.

Canada's Pharmacare Act for diabetes drugs and contraceptives took effect in October 2024, and Manitoba and Prince Edward Island were the first provinces to launch their federally funded pharmacare programs in 2025 (in April and May, respectively).

British Columbia's program began in March 2026 and Yukon is working toward implementation (date of launch to be announced). The remaining provinces have yet to sign agreements with the federal government.

“These first four jurisdictions may have a mitigating impact on diabetes drugs' share of total spending by private drug plans. The impact will be modest, however, since many of the newer, higher-cost drugs are not eligible for coverage under national pharmacare,” notes Le Pottier.

The category of drugs for skin disorders jumped 1.9 percentage points in three years: from 8.0% of the total eligible amount in 2023 to 8.9% in 2024, and to 9.9% in 2025. It accounted for 3.2% of all claims. Biologics and other high-cost therapies—offering significant improvements for the treatment of skin disorders such as atopic dermatitis and psoriasis—fuelled the category's growth (see page 38 for more details).

In the category of inflammatory diseases (e.g., rheumatoid arthritis), the emergence of biologic drugs more than 20 years ago propelled the category to the top of the list at that time, and it sat there for more than a decade. This despite the fact that the category's share of claims has always been well below one per cent. More recently, the implementation of mandatory biosimilar switching policies—starting with the B.C. government's policy in 2019—has steadily reined in the category's share of the total eligible amount. Its share was 8.7% in 2025, down from 8.9% in 2024 and 9.2% in 2023. Its share of claims in 2025 was 0.4%.

As in past years, the next three categories were within striking distance of each other in terms of their share of the total eligible amount—and all three saw declines in their respective shares of the eligible amount in 2025.

- ADHD's lower share of 4.8%, compared to 5.7% in 2024 and 5.8% in 2023, was enough to knock its ranking down by two levels, from fourth to sixth. “Generics came to market for the highest-volume ADHD drugs,” explains Le Pottier (see page 41 for details).
- Asthma took ADHD's place at fourth position, up from sixth in 2024, with a share of 5.0% (compared to 5.1% in 2024 and 5.0% in 2023).
- Depression maintained its number-five ranking for the third year in a row, though in 2025 its share of 4.96% was just shy of asthma's 5.02% share. The category accounted for 5.3% of the eligible amount in 2024 and 5.5% in 2023.



“ High-cost drugs are behind the growth. They are becoming preferred options for some patients as first-line therapies, says Le Pottier.

Claims in the depression category were well ahead of claims in all other categories in the top-10 list. It accounted for 10.8% of all claims in 2025, more than double its share of the eligible amount. “This reflects both the relatively high prevalence of depression among Canadian adults as well as the much lower average cost of antidepressants due to the number of generics in the category,” says Le Pottier.

Rounding out the list, the categories of cancer and multiple sclerosis held fast to their respective rankings of seventh and eighth. Cancer’s share of 3.7% in 2025 was unchanged from 2024 (3.7%) and virtually unchanged from 2023 (3.6%). It accounted for 0.5% of all claims in 2025.

The category of multiple sclerosis drugs appears to be growing slowly: its share of the total eligible amount was 3.0% in 2025, up from 2.8% in 2024 and 2.7% in 2023. It accounted for 0.5% of all claims in 2025. “High-cost drugs are behind the growth. They are becoming preferred options for some patients as first-line therapies,” says Le Pottier.

Gastrointestinal (GI) conditions entered the top-10 list in 2024 in 10th position. This category’s share of 2.62% in 2025 was just slightly ahead of the 2.59% share recorded for cystic fibrosis, enough to nudge the GI category into ninth position. The annual eligible amount for GI drugs has steadily climbed since 2015, when Entyvio (vedolizumab), a biologic to treat ulcerative colitis and Crohn’s disease, entered the market. In 2025, 1.0% of claims were for GI drugs.

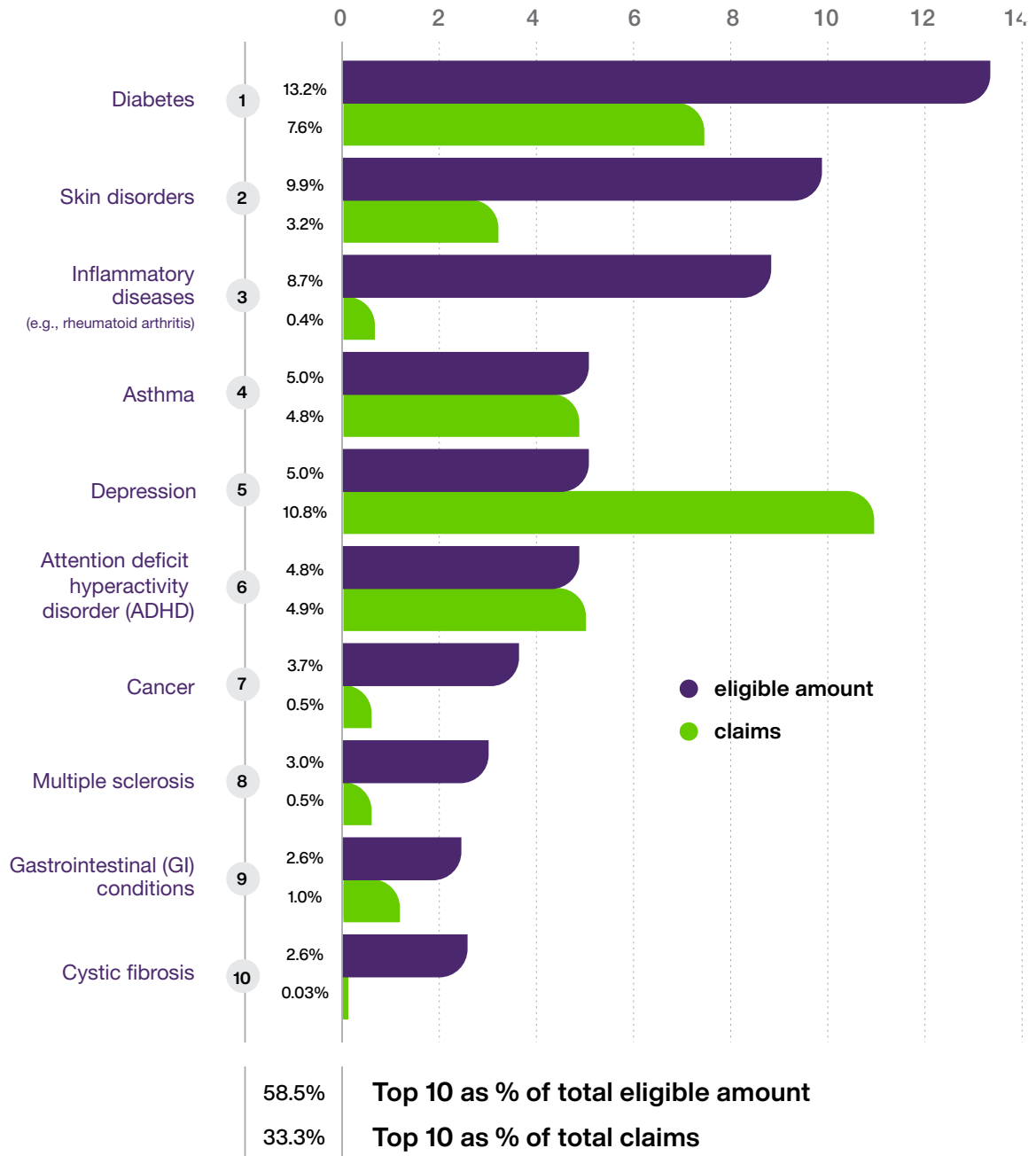
Cystic fibrosis became a top-10 category in 2023, driven by a new class of medications that significantly expanded the eligible patient population. Its claims count is the lowest of all categories among the top 10, at just 0.03% of the total.

Five of the top 10 categories—inflammatory diseases, cancer, multiple sclerosis, GI conditions and cystic fibrosis—added up to less than three per cent of all claims in 2025, yet accounted for 20.6% of the total eligible amount. “Their disproportionate impact reflects annual treatment costs that are in the tens of thousands of dollars—or, in the case of cystic fibrosis, possibly hundreds of thousands of dollars,” notes Le Pottier (for more on ultra-high-cost drugs, see page 23).

Combined, the top 10 categories accounted for 58.5% of the total eligible amount in 2025, compared to 59.3% in 2024 and 60.5% in 2023. Chart 22 provides an overview of the top-10 list, while chart 23 provides a snapshot of how the rankings have changed over the past three years.

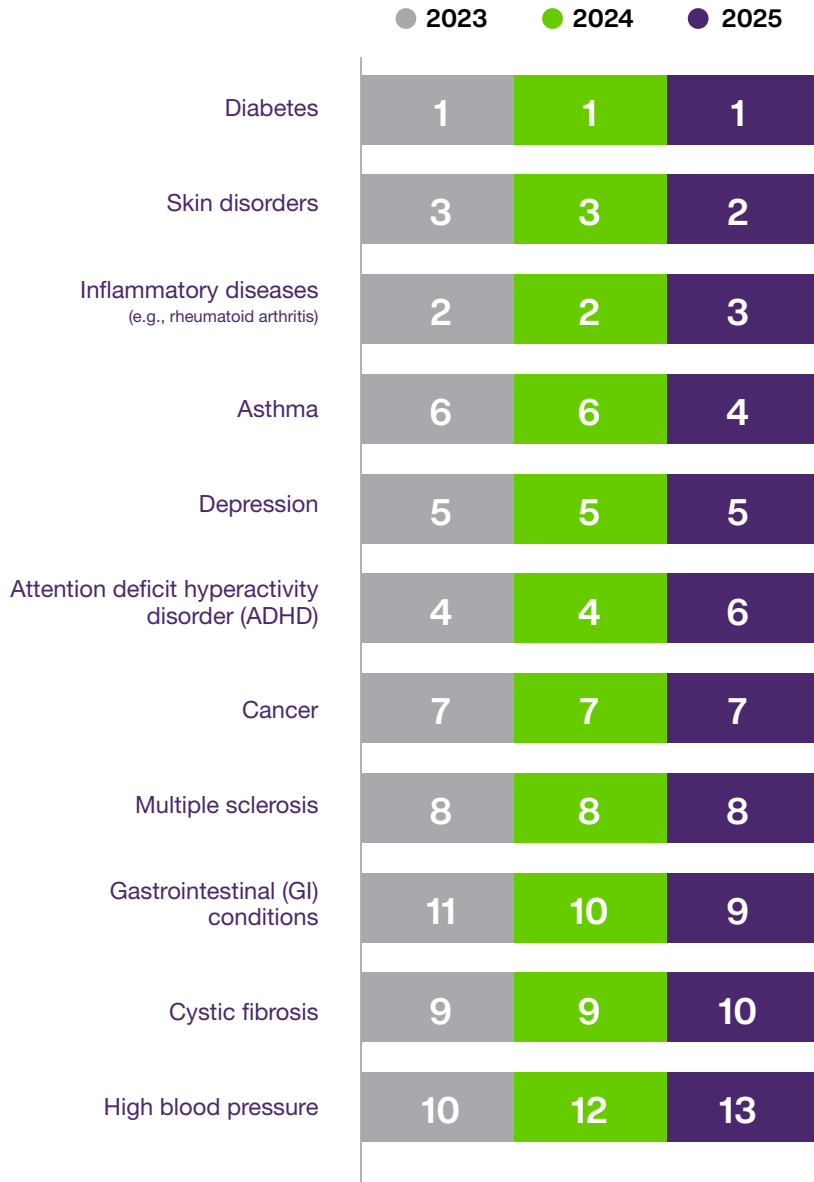


CHART 22 | Top 10 categories by eligible amount, 2025



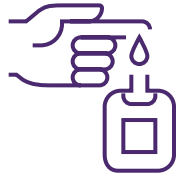
Source: TELUS Health claims database

CHART 23 | Rankings of top drug categories by eligible amount, 2023 – 2025



Source: TELUS Health claims database

Closer look at diabetes



Ranking

2025

1

2024

1

13.2%

of total
eligible
amount

The diabetes category sits securely in first place in the top-10 list of categories with a 13.2% share of the total eligible amount of claims submitted to private drug plans in 2025, well ahead of second-ranking skin disorders (9.9%).

On the other hand, the diabetes category experienced declines in eligible amount, claims and claimants for the second year in a row.

The category's eligible amount decreased by 1.8% in 2025 and by 6.8% in 2024 (chart 24). As a result, its share of the total eligible amount descended from a high of 15.7% in 2023 to 13.8% in 2024, and to 13.2% in 2025.

Reductions in the numbers of claims and claimants in both 2024 and 2025 were primarily behind the lower eligible amount—and are in stark contrast to the mostly double-digit growth rates in 2021, 2022 and 2023. Claims dropped by 4.9% in 2025 and by 1.6% in 2024, and claimants declined by 5.2% and 3.0%, respectively.

This reversal in growth rates can be explained by the transfer of off-label prescriptions out of the diabetes category into the burgeoning weight-management category (page 35). “Measures to protect against diabetes medications being used for weight loss, and the launch of Wegovy for weight loss in 2024, caused a market correction in the diabetes category,” says Le Pottier.

Average eligible amounts per claim and claimant have been generally consistent over the past three years (chart 25). In 2025, the average eligible amount per claim was \$153.33 and the average annual eligible amount per claimant was \$1,601.86, compared to \$156.66 and \$1,608.40, respectively, in 2023.

Ozempic (semaglutide) retained the lion's share—39.4%—of the category's eligible amount (chart 26). That said, rising stars as well as patient discontinuation rates whittled that number down from a high of 47.6% in 2023.

Ozempic's share will soon experience more declines as the first generic options for semaglutide are expected to enter the market late this year or early next year.

As reported in TELUS Health's [2026 Drug Pipeline report](#), Health Canada is currently reviewing eight generics for Ozempic, which are expected to be priced at 35% of its list price (resulting in an annual average treatment cost of about \$500 to \$2,100 for a generic, depending on the dose, compared to \$1,500 to \$6,100 for Ozempic).

As well, Canada's pharmacare program for diabetes drugs may contribute to possible additional declines in the category's share of spending by private drug plans (page 26).

Among the remaining four products in the top-five list of drugs or devices in this category, three collectively gained more than eight points in market share over the past two years. The first is a device: Freestyle Libre 2 Flash, a wearable flash glucose monitoring system that removes the need for routine blood sampling by finger pricks. It ranked second in the top-five list of products in the diabetes category in 2025, and its share of the eligible amount grew from 6.0% in 2023 to 8.7% in 2025.

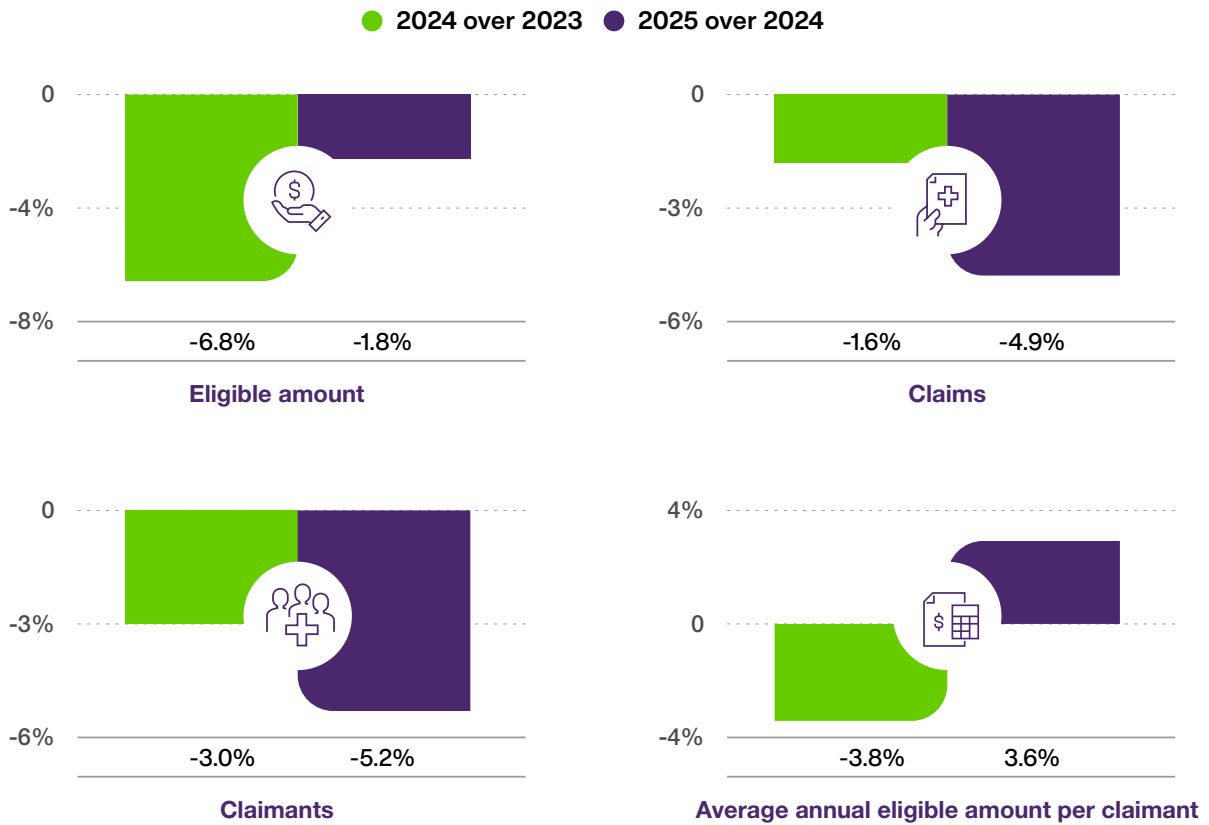
Jardiance (empagliflozin), ranked third, grew its share from 6.5% in 2023 to 8.0% in 2025. "Its growth can be explained by new indications for heart failure as well as chronic kidney disease," says Le Pottier.



Mounjaro (tirzepatide), launched in Canada in November 2023 but stymied by global supply shortages in 2024, rapidly staked its claim in 2025 and ended the year with a 4.2% share of the category’s eligible amount. The first in a new class of drugs for diabetes, Mounjaro demonstrated significant improvements in blood-sugar levels and higher average weight-loss results compared to Ozempic during clinical trials.

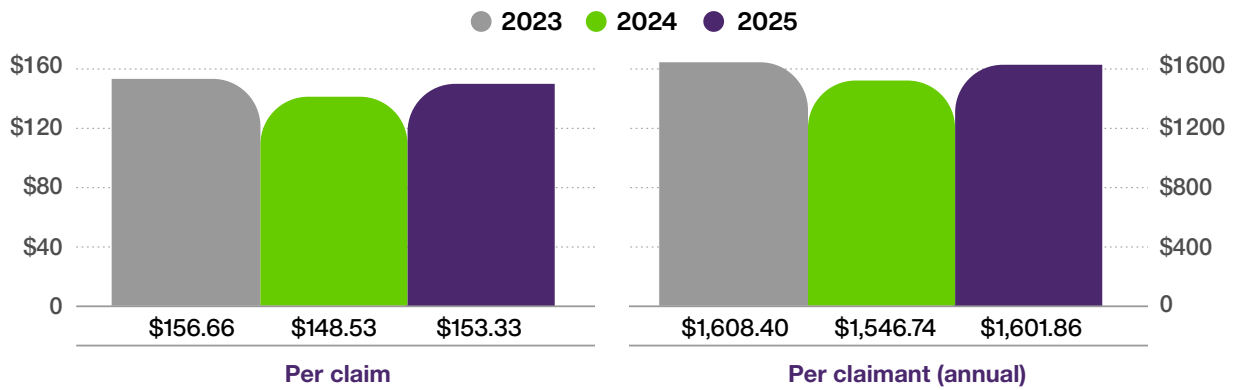
“ Mounjaro’s emergence as a preferred choice could eliminate cost savings from Ozempic generics if it drives patient migration away from Ozempic, notes Le Pottier.

CHART 24 | Year-over-year changes in the diabetes category, 2024 and 2025



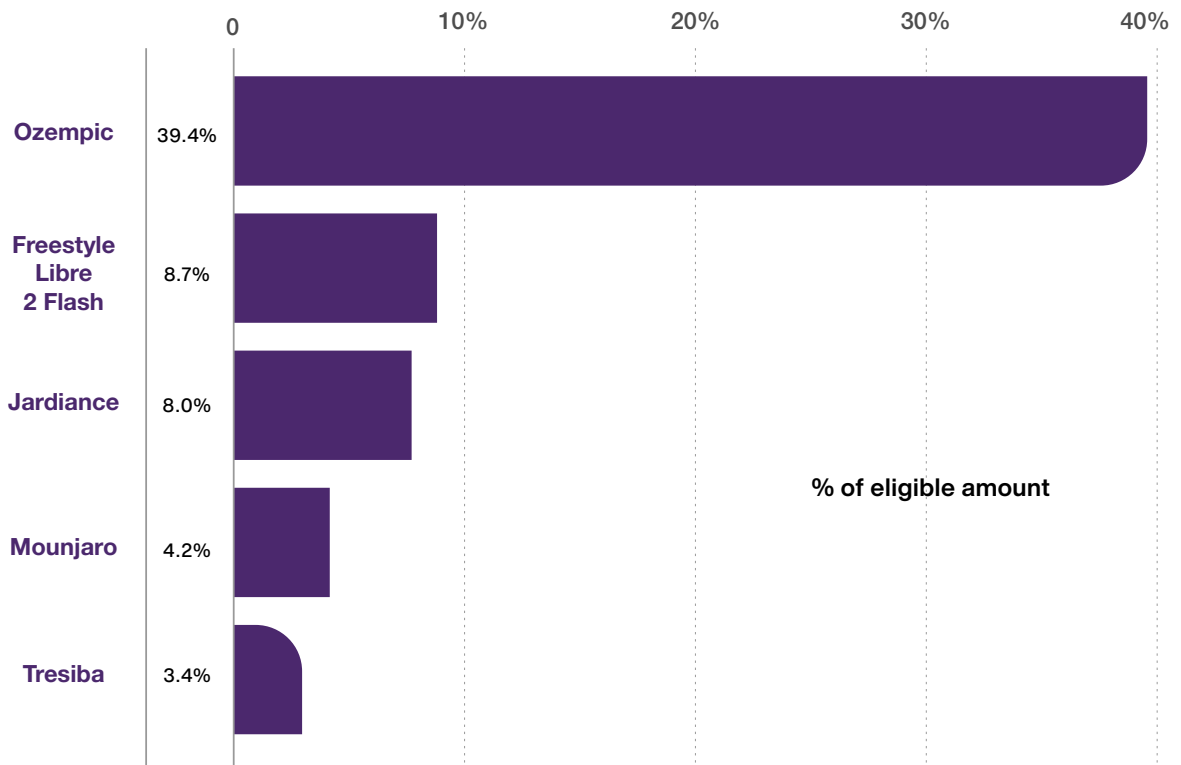
Source: TELUS Health claims database

CHART 25 | Average eligible amount per claim and claimant in the diabetes category, 2023 – 2025



Source: TELUS Health claims database

CHART 26 | Top five drugs or devices by eligible amount in the diabetes category, 2025



Source: TELUS Health claims database

Closer look at weight management



Ranking

2025

11

2024

17

2.5%
of total
eligible
amount

Before 2015, the weight-management category—classified as a lifestyle category, meaning plan sponsors have to opt in to provide coverage—barely registered as an area of spending by private drug plans. That changed with the launch of Saxenda (liraglutide) and other first-of-their-kind drugs that target hormones that control feelings of hunger and satiety.

The tiny category experienced double-digit growth year after year until 2024, when it surged by 104.0% following the release of Wegovy (semaglutide), a drug capable of reducing body weight by 10% to 15% (chart 27). In 2025, the category grew another 61.0%, enough to achieve a 2.5% share of the total eligible amount and move up six levels to rank 11th among all categories.

The influx of patients to the category drove the large gains in 2024 and 2025. The number of claimants soared by 59.7% in 2024 and 21.6% in 2025, fuelling growth rates of 90.1% and 54.9%, respectively, in claims. The average annual eligible amount per claimant increased by 27.7% to \$2,008.54 in 2024 and by 32.4% to \$2,658.43 in 2025 (chart 28).

With the arrival of Wegovy, Saxenda ceded its top rank in the weight-management category. Its share of the eligible amount tumbled from 77.0% in 2023 to 20.5% in 2025 (chart 29). By the end of that year, Wegovy ruled the category with a share of 68.7%.

However, Wegovy's reign may be short-lived, for two reasons. First, Zepbound (tirzepatide), which is capable of lowering body weight by 20%, became available in Canada in July 2025 and is expected to make significant gains in 2026.

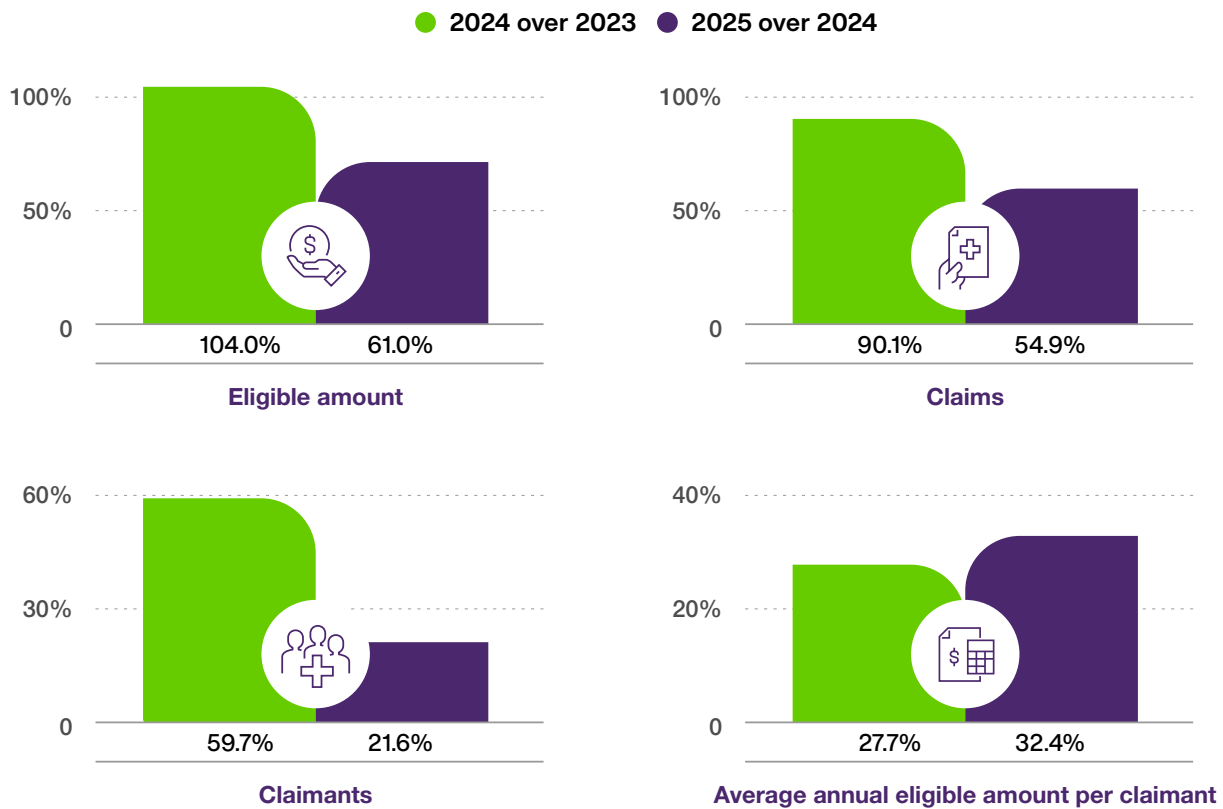


As well, lower-cost generics for Wegovy are coming, and may arrive as soon as late this year or early next (although none have yet been submitted to Health Canada for review).

The category’s footprint might expand further with the anticipated arrival of new products, including CagriSema (cagrilintide + semaglutide), shown to reduce weight by an average of 20% (although it has not yet been submitted to Health Canada for review). As well, more plan sponsors are expected to add the weight-management category to their default drug plan.

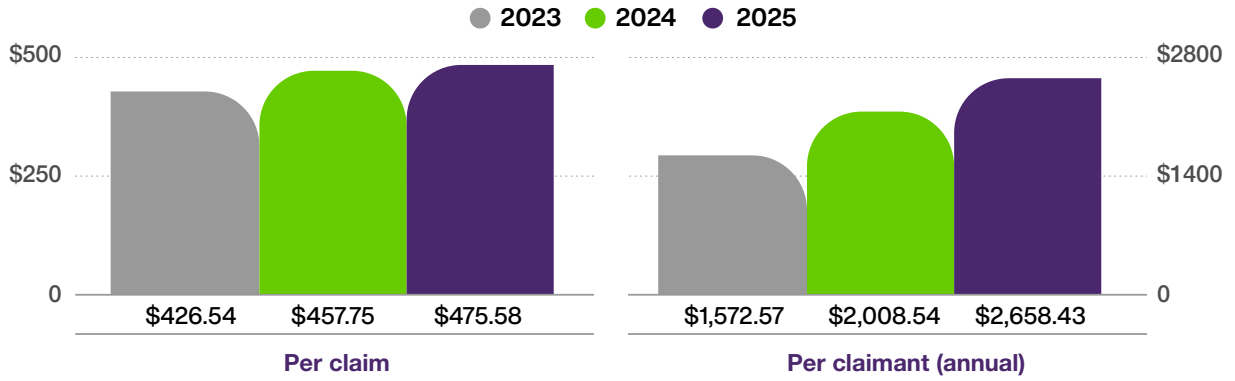
“ Plan sponsors are recognizing the efficacy of these new drugs, which may prevent or significantly improve outcomes in the management of comorbidities such as cardiovascular disease and kidney disease, says Le Pottier.

CHART 27 | Year-over-year changes in the weight-management category, 2024 and 2025



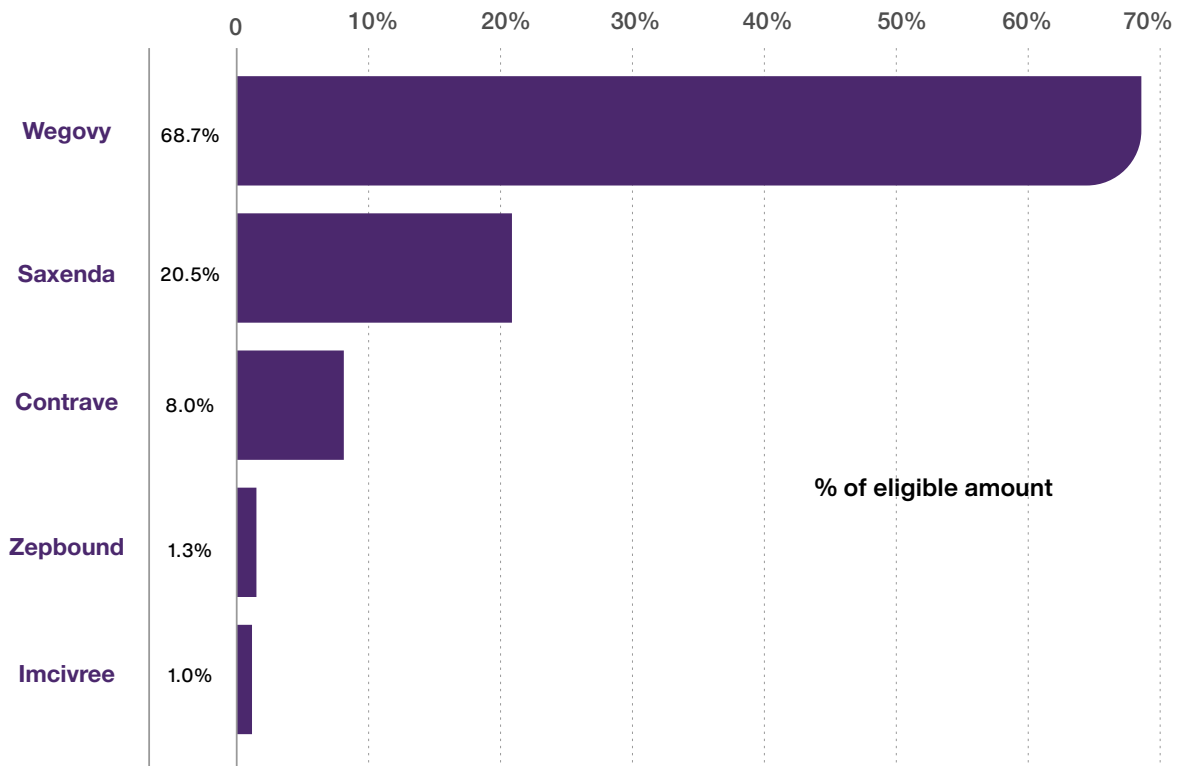
Source: TELUS Health claims database

CHART 28 | Average eligible amount per claim and claimant in the weight-management category, 2023 – 2025



Source: TELUS Health claims database

CHART 29 | Top five drugs by eligible amount in the weight-management category, 2025



Source: TELUS Health claims database

Closer look at skin disorders



Ranking

2025

2

2024

3

9.9%

of total
eligible
amount

The growing use of biologics and other high-cost therapies is behind the ascension of the skin-orders category to second place among all categories covered by private drug plans, with a 9.9% share of the total eligible amount.

Growth of the category's eligible amount was strong in 2025 (13.6%) and 2024 (17.7%) (chart 30), enough for the category's share to climb nearly two points in the past two years, from 8.0% in 2023 to 9.9% in 2025.

Higher drug costs are the main factor behind the category's gains, demonstrated by the fact that the growth rates for the average annual eligible amount per claimant—14.2% in 2025 and 13.2% in 2024—far outpaced those of claims (0.3% and 4.3%, respectively) and claimants (-0.5% and 4.0%, respectively) (chart 30).

In dollar terms, the average eligible amount per claim was \$270.49 in 2025, compared to \$211.71 in 2023, and the average annual eligible amount per claimant was \$513.60 and \$397.23, respectively (chart 31).

The top two drugs in the category, Dupixent (dupilumab, 19.5% of the eligible amount in 2025) and Skyrizi (risankizumab, 17.2%), blazed trails in the past three years (chart 32). Combined, they picked up more than 14 points in market share—at the expense of the former number-one drug, Stelara (ustekinumab), which dropped to third place as it saw its share of the category's eligible amount plummet from 27.9% in 2023 to 11.2% in 2025. "The entry of Stelara biosimilars into the Canadian market as well as the biosimilar transition policies in public and private drug plans have impacted Stelara's market shares," says Le Pottier.

All of the top three drugs are biologics that are used when first-line, lower-cost therapies fail to adequately manage symptoms.

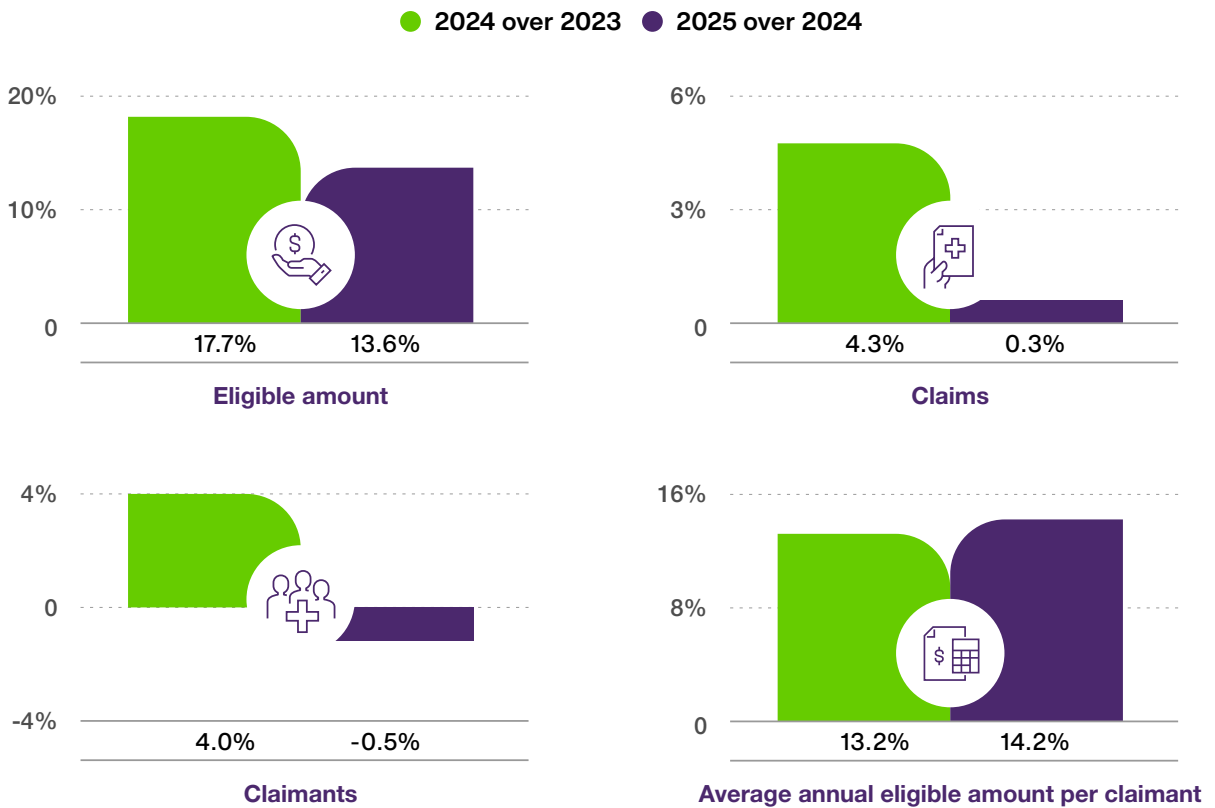


It's important to note, however, that Dupixent's numbers include its growing use for conditions that are not skin-related. First approved by Health Canada for moderate to severe atopic dermatitis in 2017, Dupixent has since received authorization for six additional indications—of which only one, chronic hives, is a skin disorder. Its other indications include asthma and chronic obstructive pulmonary disease (COPD).

“Drugs are classified in the therapeutic category of their first approved indication. As a result, Dupixent's use for other indications is likely inflating growth in the category of skin disorders somewhat,” says Le Pottier.

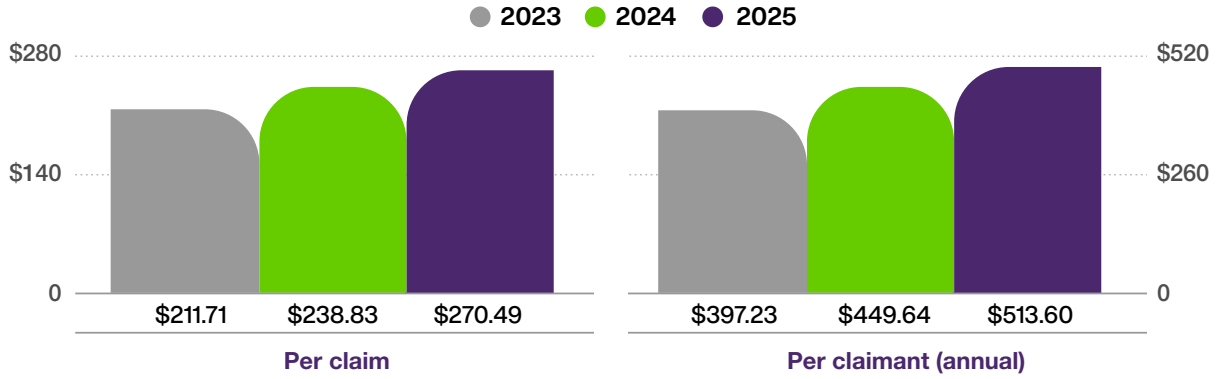
Similar can be said for Skyrizi and Stelara. While their first indication is for the treatment of moderate to severe plaque psoriasis, both subsequently received authorizations for autoimmune conditions that are not skin-related (for example, Crohn's disease).

CHART 30 | Year-over-year changes in the skin-disorders category, 2024 and 2025



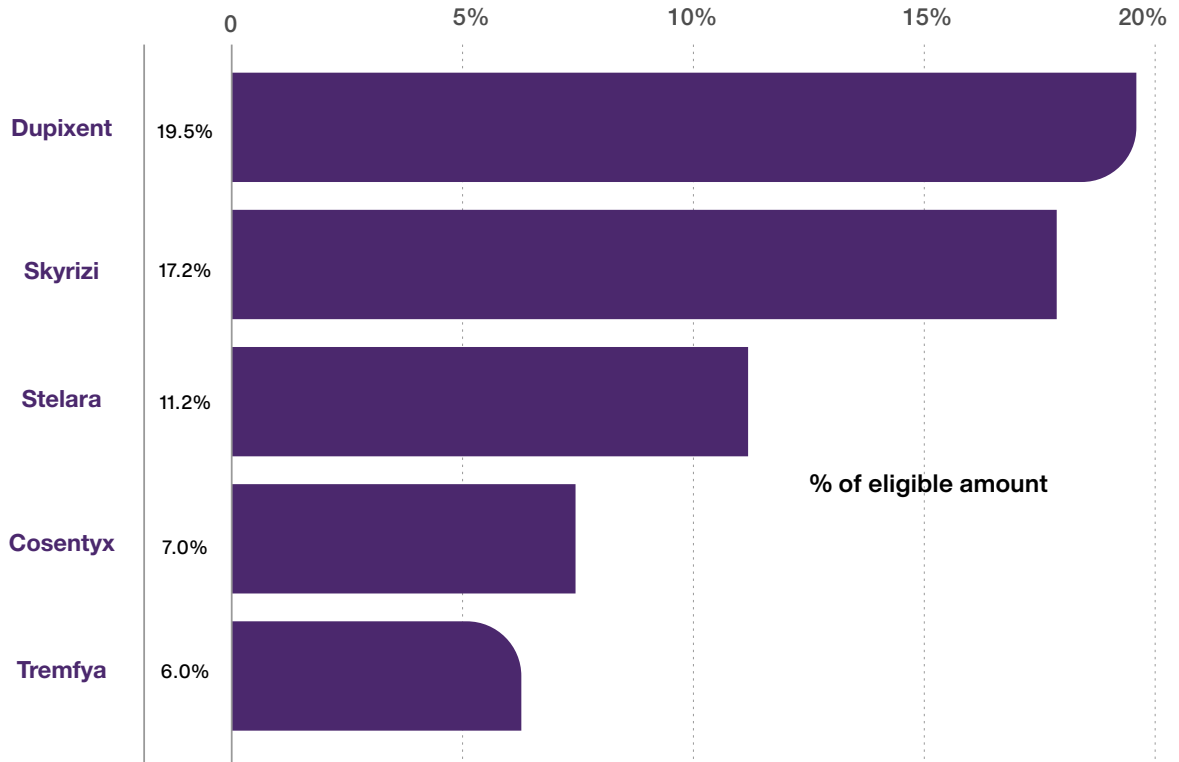
Source: TELUS Health claims database

CHART 31 | Average eligible amount per claim and claimant in the skin-disorders category, 2023 – 2025



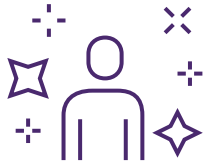
Source: TELUS Health claims database

CHART 32 | Top five drugs by eligible amount in the skin-disorders category, 2025



Source: TELUS Health claims database

Closer look at ADHD



Ranking

2025

6

2024

4

4.8%

of total
eligible
amount

Changes in the category of drugs to treat attention deficit hyperactivity disorder (ADHD) tell a textbook tale of what happens when a private drug plan's generic pricing policy takes effect.

The first generic options for Vyvanse (lisdexamfetamine dimesylate), long the dominant brand-name drug in the ADHD category, became available in mid-2024. The category's growth in eligible amount was only 3.6% that year, despite double-digit gains in claims (13.0%) and claimants (13.9%) (chart 33). In 2025, the eligible amount plunged by 13.2%, again despite gains in claims (7.8%) and claimants (9.2%).

By the end of 2025, the ADHD category's slice of the total eligible amount among all categories covered by private drug plans was 4.8%, compared to 5.7% in 2024, enough to bring its ranking down to sixth from fourth.

"Lower-cost generics took over much of the sales of the brand and essentially offset the impact of steady gains in utilization," says Le Pottier.

The average eligible amount per ADHD claim was \$86.02 in 2025, down from \$116.52 in 2023 (chart 34). The average annual eligible amounts per claimant were \$585.64 in 2025 and \$810.33 in 2023.

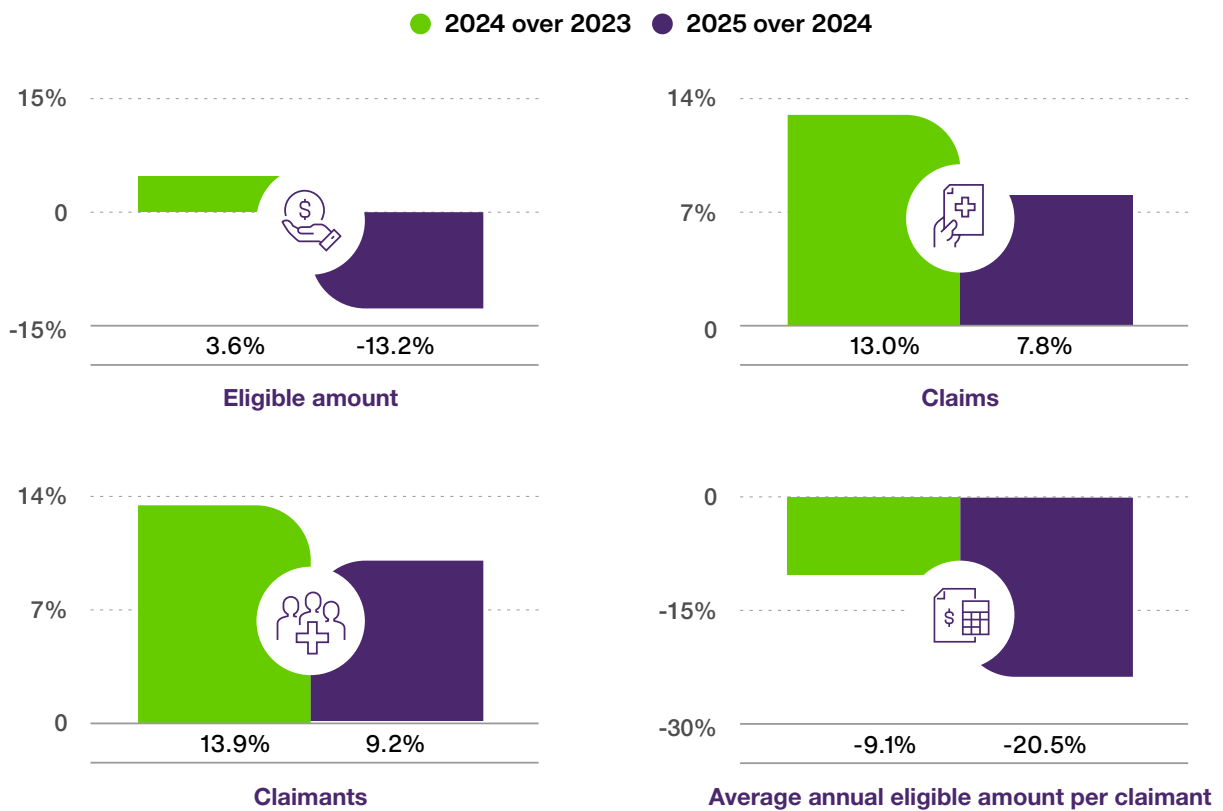
Vyvanse and its generic equivalents remained the top-selling drugs in the ADHD category even after their combined share of the eligible amount dropped more than 10 points in three years, to 32.3% in 2025 from 43.2% in 2023 (chart 35). The number-two drug, Concerta (methylphenidate hydrochloride), for which generics have been available for more than 10 years, sat at 30.1%, somewhat ahead of 2024 (27.1%) and 2023 (28.7%).



The number-four and -five drugs in this category may be worth watching. Intuniv XR (guanfacine hydrochloride), an extended-release non-stimulant, grew its share of the category from 6.1% in 2023 to 8.2% in 2025. Foquest (methylphenidate hydrochloride), also a long-acting medication, gained three points to reach 6.6% in 2025 from 3.6% in 2023.

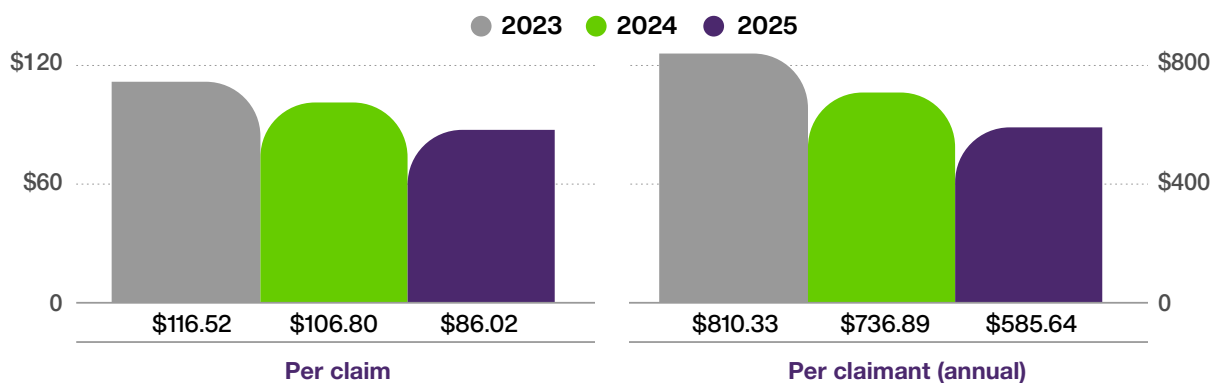
“ These are not new molecules but new formats and formulations entering the market at brand-name price points. They do offer more stable drug delivery, but huge innovations are not happening in this space, says Le Pottier.

CHART 33 | Year-over-year changes in the ADHD category, 2024 and 2025



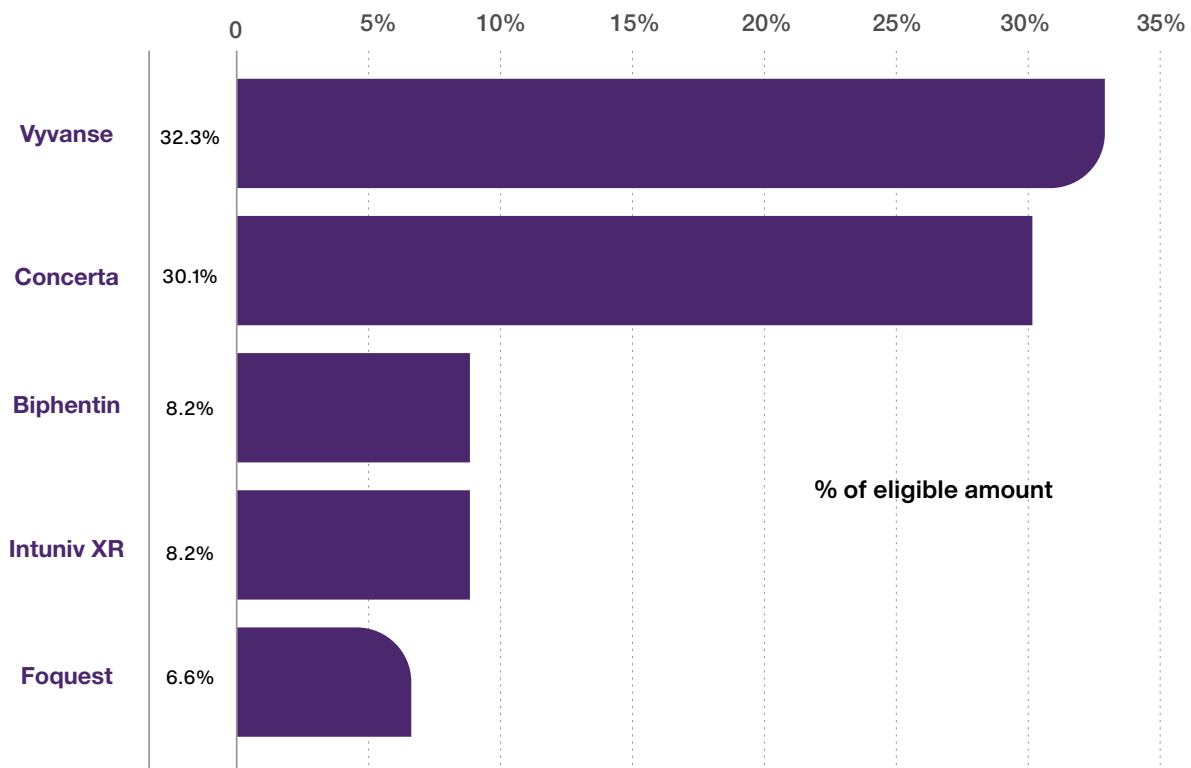
Source: TELUS Health claims database

CHART 34 | Average eligible amount per claim and claimant in the ADHD category, 2023 – 2025



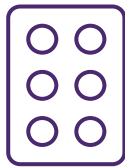
Source: TELUS Health claims database

CHART 35 | Top five drugs by eligible amount in the ADHD category, 2025



Source: TELUS Health claims database

Closer look at contraception



1.5%
of total
eligible
amount

Private drug plans in British Columbia, Manitoba and Prince Edward Island are benefiting from public programs to provide many contraceptives at no cost to residents—and that’s enough to amplify national declines.

The B.C. government launched its provincial program for free contraceptives in April 2023. On March 1 this year, that program became federally funded under Canada’s Pharmacare Act (enacted into law in October 2024) for listed diabetes drugs and contraceptives. Manitoba launched its provincial program in October 2024, which transitioned to a federally funded pharmacare program in April 2025. P.E.I. implemented its version of national pharmacare for contraceptives and diabetes drugs in May 2025.

In B.C., the claimant count nosedived by 13.3% in 2025 and by 24.8% in 2024. Similarly in Manitoba, the number of claimants dropped by 66.5% in 2025 and by 9.5% in 2024; in P.E.I., the declines were 23.1% in 2025 and 3.6% in 2024.

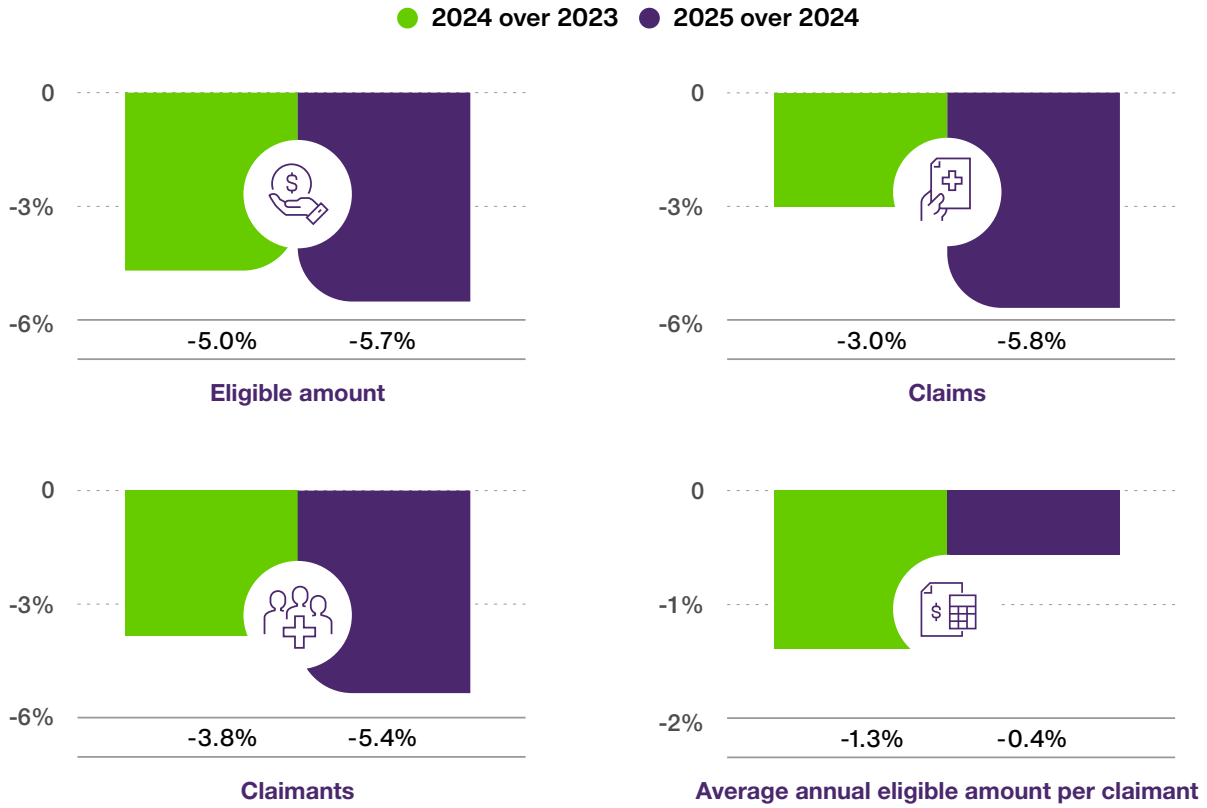
That said, some provinces that have not signed on to national pharmacare also experienced declines, albeit modest, in the contraception category. For example, claimant counts declined by 7.4% in Alberta and by 3.9% in Ontario.

Nationally, the category’s eligible amount declined by 5.7% in 2025 and by 5.0% in 2024 (chart 36). The numbers of claims and claimants shrank by 5.8% and 5.4%, respectively, in 2025 and by 3.0% and 3.8%, respectively, in 2024. The average eligible amount per claim and average annual eligible amount per claimant changed little in three years, from \$48.16 and \$184.60, respectively, in 2023 to \$47.17 and \$181.60, respectively, in 2025 (chart 37).

“Private plans will likely see further declines in spending on contraceptives not only because more provinces are expected to sign on to national pharmacare, but also because measures are getting up to speed to ensure eligible claims are submitted to the federal government as the first payor,” says Le Pottier.

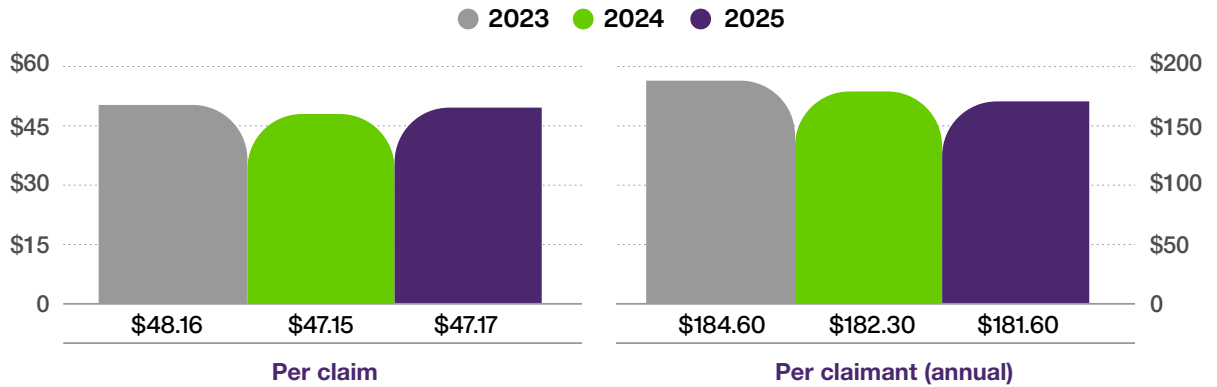
The contraception category’s share of the total eligible amount was 1.5% in 2025.

CHART 36 | Year-over-year changes in the contraception category, 2024 and 2025



Source: TELUS Health claims database

CHART 37 | Average eligible amount per claim and claimant in the contraception category, 2023 – 2025



Source: TELUS Health claims database

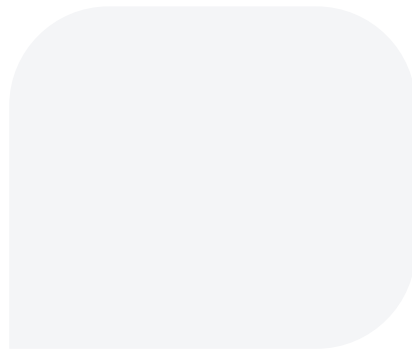
Pipeline

New drugs for weight management and generalized myasthenia gravis, a rare disease predominantly diagnosed in working-age adults, are the focus of the 2026 edition of the Drug Pipeline report.

The pipeline for generics is robust, with more than 80 expected for 22 brand-name drugs. Anticipation is especially high for the generic options for Ozempic for type 2 diabetes and Wegovy for weight management, which are driving growth in their respective categories. Meanwhile, the pipeline for biosimilar biologics has quieted down after several years of high activity.

[Download the 2026 Drug Pipeline](#) report by TELUS Health to learn more.

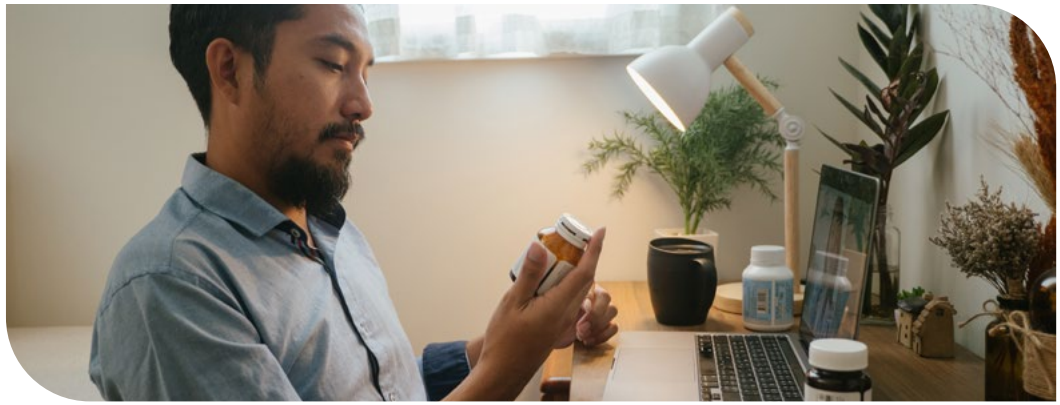




2026

Drug Data
Trends
& National
Benchmarks

5. Key takeaways



- The number of plan members submitting claims is climbing slowly, from 58.7% in 2023 to 60.5% in 2024 and 61.8% in 2025.
- The average total eligible amount for all claims per claimant was \$1,079.04 in 2025, an increase of 4.1% over 2024.
- Claimants submitted an average of 12.2 claims each, comparable to 2024 and 2023.
- Jurisdictional factors—namely government policies and the model for public coverage—continued to drive important regional variations in eligible amounts and utilization.
- Atlantic Canada experienced the highest rate of growth in the average annual eligible amount per claimant and the second highest growth rate in the number of claims per claimant.
- Claimants aged 45 to 64 accounted for just over a third of all claimants but more than half of the total eligible amount. The average annual eligible amount in this age group was \$1,553.77 per claimant, 4.5% more than in 2024.
- Generic medications continued to steadily grow their share of prescription volume, reaching 70.8% in 2025. However, the share for multi-source brand-name drugs, for which at least one generic is available, has also grown for the third year in a row.
- Specialty drugs' share of the eligible amount surpassed a third of the total in 2025. Growth in the number of claimants is a bigger driver than growth in the cost of claims.
- Two-thirds of claimants taking biologic drugs used a lower-cost biosimilar in 2025.
- Ultra-high-cost drugs (those with annual treatment costs of at least \$100,000) grew slightly in the past two years, representing 5.2% of the total eligible amount in 2025.



- For every \$10 submitted for coverage by private drug plans, almost \$6 is for products in the top-10 list categories by eligible amount.
- Diabetes drugs and devices retained their number-one rank in the top-10 list. However, the size of the category's share declined for the second year in a row.
- The skin-disorders category surpassed inflammatory diseases to become the second-highest ranking category.
- The arrival of generic options for attention deficit hyperactivity disorder knocked that category's ranking down to sixth from fourth position.
- The weight-management category rapidly closed in on the top-10 list in 2025, climbing six levels to reach 11th position.

Conclusion

Private drug plans saw more use in 2025, with moderate growth rates in the average eligible amounts both per claim and annually per claimant. Higher utilization of generic and biosimilar drugs slowed the rates of growth.

Specialty drugs (those with annual treatment costs of at least \$10,000) now account for more than a third of the eligible amount submitted to private plans for coverage, and the number of claimants is climbing. Ultra-high-cost drugs (more than \$100,000 annually) for rare diseases appear to be very slowly growing their share of the market. Given that even one ultra-high-cost claim can be catastrophic for a drug plan, striking the right balance between value for plan members and sustainability for plan sponsors is increasingly complex.

As a pharmacy benefits manager, TELUS Health is committed to work with insurance providers, plan sponsors and their advisors to help identify priority areas for investment and risk management.

2026
Drug Data
Trends
& National
Benchmarks

